

<b>Case Number:</b>	CM13-0024300		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	12/01/2011
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year old female who complained persistent neck pain after a fall at work on February 1, 2011. MRI of the cervical spine done on 11/1 12 showed a large herniated disc at C3-34 with spinal cord compression. The patient underwent anterior cervical partial corpectomy with decompression of the spinal cord on 11/6/12. The patient was continued to experience neck pain. Diagnoses included cervical strain/sprain with right upper extremity radiculopathy. Treatment also included physical therapy and medications. Requests for authorization for home health care assistance, adjustable bed purchase, and Fexmid 7.5 mg, #60 were submitted on August 22, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Home health care assistance (unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 51.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include personal care like bathing, dressing, or toileting and it does not

include homemaker services like shopping, laundry, or cleaning. In this case there is no documentation that the patient required recommended medical treatment. These services are not covered.

**Adjustable bed purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, Web, Low Back, 2013.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Mattress Selection.

**Decision rationale:** ODG state that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. MTUS has no comment on bed selection. There is no sufficient information to determine medical necessity.

**Fexmid (Cyclobenzaprine) 7.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Guidelines Page(s): 42, 63.

**Decision rationale:** Chronic Medical Treatment Guidelines state that muscle relaxants should be used caution as a second-line option only. They may be effective in reducing pain, and muscle tension, and increasing mobility, but have been shown to have little benefit in back pain patients. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. In this case, the injury was not acute. This is long past the window of effectiveness for the cyclobenzaprine.