

Case Number:	CM13-0032343		
Date Assigned:	12/11/2013	Date of Injury:	05/05/2006
Decision Date:	02/11/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/07/2013

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 Internal Medicine, and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old female who sustained a shoulder injury in 2006. She has had extensive treatments, including medications, therapy, and surgery. The patient has been on muscle relaxants since July 2012 and has been on Fexmid since 5/31/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

six weeks of home health care, four hours per day, three days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the MTUS guidelines, home health care is "recommended only for otherwise recommended medical treatment for 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 homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The provider failed to supply documentation of the level of services requested, or the

functional deficits that would indicate the need for home health services; therefore, the request cannot be supported, and is subsequently non-certified.

60 Fexmid 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: Per the MTUS guidelines, Cyclobenzaprine (Fexmid) is recommended as an option, using a short course of therapy. It is more effective than placebo in the management of back pain, but the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment. The patient has been on this medication since 5/31/13, an extended period of time. There is no indication for long-term use, so the request is not medically necessary.