

Case Number:	CM13-0039780		
Date Assigned:	12/20/2013	Date of Injury:	07/16/1991
Decision Date:	03/17/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 Psychiatry and Neurology 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:

According to the records made available for review, this is a 64 year old female with a 7/16/91 date of injury. At the time of request for authorization for Housekeeping help and Temazepam 15mg 1 qhs, there is documentation of subjective (depression and chronic pain with insomnia) and objective (sad/depressed, anxious mood) findings, current diagnoses (bipolar 2, pain disorder, somatoform disorder, dysthymic disorder, and other mixed or unspecified non-dependent drug abuse), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping help: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is

homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of bipolar 2, pain disorder, somatoform disorder, dysthymic disorder, and other mixed or unspecified non-dependent drug abuse. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for Housekeeping help is not medically necessary.

Temazepam 15mg 1 qhs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term, as criteria necessary to support the medical necessity of Temazepam. Within the medical information available for review, there is documentation of diagnoses of bipolar 2, pain disorder, somatoform disorder, dysthymic disorder, and other mixed or unspecified non-dependent drug abuse. In addition, given documentation of records reflecting prescriptions for Temazepam since at least 5/4/13, there is documentation of long-term use. Therefore, based on guidelines and a review of the evidence, the request for Temazepam 15mg 1 qhs is not medically necessary.