

Case Number:	CM13-0060033		
Date Assigned:	12/30/2013	Date of Injury:	10/26/2009
Decision Date:	04/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases 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 expert 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 44-year-old male who reported an injury on 10/26/2009. The mechanism of injury was not specifically stated. The patient is diagnosed as status post L4-5 fusion, status post right knee surgery, and persistent low back pain. The patient was seen by [REDACTED] on 10/29/2013. The patient reported persistent symptoms. Physical examination was not provided on that date. Treatment recommendations included a re-request for Lyrica, Zanaflex, Ambien, Lidoderm, and home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOUSEHOLD ASSISTANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state home health services are 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. As per the documentation submitted, there was no physical examination on the

requesting date of 10/29/2013. The medical necessity for home health services has not been established. Medical treatment does not include homemaker services. The request for Household Assistance is not medically necessary and appropriate.

HOME HEALTH: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state home health services are 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. As per the documentation submitted, there was no physical examination on the requesting date of 10/29/2013. The medical necessity for home health services has not been established. Medical treatment does not include homemaker services. The request for Home Health is not medically necessary and appropriate.

LIDODERM PATCH: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records provided for review did not include documentation of a physical examination on the requesting date of 10/29/2013. There is no evidence of neuropathic pain. There is also no indication of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The request for Lidoderm Patch is not medically necessary and appropriate.

AMBIEN: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. There was no evidence of chronic insomnia or sleep disturbance. There is also no indication of a failure to respond to non-pharmacologic treatment. The request for Ambien is not medically necessary and appropriate.

ZANAFLEX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. As per the documentation submitted, there is no evidence of a physical examination on the requesting date of 10/29/2013. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. The request for Zanaflex is not medically necessary and appropriate.

LYRICA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. As per the clinical documentation submitted, there was no evidence of a physical examination performed on the requesting date of 10/29/2013. There is no documentation of neuropathic pain. The request for Lyrica is not medically necessary and appropriate.