

<b>Case Number:</b>	CM13-0066998		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/19/2003
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Physical Medicine & Rehabilitation, 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 has submitted a claim for cervical disc syndrome, bilateral shoulder rotator cuff syndrome, bilateral knee osteoarthritis, fibromyalgia, and anxiety associated with an industrial injury date of 08/19/2003. The treatment to date has included left knee arthroscopy with medial and lateral meniscectomy on 09/17/2010, right shoulder surgery times three, cervical epidural steroid injection, cortisone injections to both shoulders, physical therapy and medications including hydrocodone/APAP, Prozac, mirtazapine, lorazepam, and topical analgesics. The utilization review from 12/03/2013 denied the requests for in home health assistance and followup assessment 5 days/week; and lorazepam 10mg, #60. The reasons for denial were not made available. The medical records from 2009 to 2013 were reviewed showing that patient complained of neck, left shoulder, left wrist, low back, and left knee pain graded 7-8/10 in severity relieved to 5/10 upon intake of medications. He was unable to stand or walk for long periods. He was unable to lift a gallon of milk from the fridge due to weakness and pain of both wrists, both shoulder, and both knees. The patient needed supervision when out of bed due to risk of falling. He had an episode of fall outside in September 2013 resulting to multiple abrasions and bruises to his face, arms, and left knee. The patient likewise had hospitalization in October 2013 due to a three-day episode of amnesia. Environmental assessment showed that he lives in a single story home with his wife. It was well-maintained, organized, and free of clutter. The areas and paths between the bedroom, dinner table, family room, and restroom were ample. The patient utilized a seated walker for ambulation assistance. Emotional complaints included depression, diminished energy, low self-esteem, and sleep disturbance. Physical examination showed tenderness over the medial and lateral joint line of the left knee. Cervical spine range of motion was limited to 20 degrees flexion, 25 degrees extension, 65 degrees right rotation, 60 degrees left rotation, 35 degrees right lateral flexion, and 37 degrees left lateral flexion. Range of

motion of shoulder joint showed limited flexion and abduction at 90 degrees bilaterally. Range of motion of thoracolumbar spine was painful and limited at 30 degrees towards flexion, 15 degrees towards extension, and 15 degrees towards lateral flexion on both sides. Hip range of motion was limited to 90 degrees upon flexion bilaterally, 20 degrees right hip abduction, and 30 degrees left hip abduction. Knee range of motion was 120 degrees towards flexion bilaterally. Motor strength of both upper and lower extremities was graded 4/5; except that C6, C7, C8 myotomes were not tested. The patient had positive McMurray's at left, Valsalva and Kemp's tests. Gait was slow and unsteady even when using a walker. Psychiatric objective findings showed depression, obvious physical discomfort, and poorly groomed patient.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 IN HOME HEALTH ASSISTANCE AND FOLLOW UP ASSESSMENT 5 DAYS A WEEK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

**Decision rationale:** As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, generally up to no more than 35 hours per week. The 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. In this case, home health aide (HHA) was recommended for the patient as far back as 2012. The patient has been receiving HHA daily from 7AM to 5PM while his wife is at work. The rationale given for this service is to help patient with activities of daily living, such as grocery shopping and personal hygiene care because the patient had declined ability to care for himself due to weakness and poor endurance. He required assistance with activities of daily living (ADLs), bathing, meal preparation, dressing, and transferring. He likewise required supervision at all times when out of bed due to risk of falls and unsteady gait. However, as recommended by the guidelines stated above, home health services should not include personal care such as bathing and dressing, and grocery shopping, etc. The medical necessity as stated is inconsistent with the MTUS recommendations. There is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. Furthermore, the present request does not specify the number of hours per day that the patient requires HHA. Therefore, the request for 1 in home health assistance and follow up assessment 5 days a week is not medically necessary.

**LORAZEPAM 10MG #60 2 REFILLS: Upheld**

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

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

**Decision rationale:** As stated in page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepine (lorazepam) is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the patient is a diagnosed case of major depression (recurrent, severe, without psychotic features), and adjustment disorder with anxiety. The prescription for lorazepam was documented as far back as 2012 which exceeds the recommended treatment duration for benzodiazepines. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for lorazepam 10mg, #60 2 refills, is not medically necessary.