

<b>Case Number:</b>	CM14-0003938		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	02/19/1991
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 54-year-old female with date of injury of 02/19/1991. The listed diagnoses per [REDACTED] dated 12/11/2013 are: 1. Lumbago. 2. Thoracic/lumbosacral neuritis/radiculitis. 3. Post laminectomy syndrome, lumbar region. According to the report, the patient complains of left low back, left thigh radicular pain, and right foot drop due to failed back surgery syndrome following a work-related injury. She utilizes medications to help her function on a daily basis without intolerable side effects. The patient also suffers from Addison's disease and chronic fatigue and daytime sleepiness which severely limits her task of daily living. The patient continues to benefit from weekly home health care for cleaning, grocery shopping, helping with bathing (occasionally), and help with picking up prescriptions. She currently has the service authorized for twice per week for 3 hours along with the visiting nurse evaluation every 3 months. The patient reports the same pain intensity and no change in distribution. She rates her pain 8/10 without medications and 2/10 with medications. The medications prescribed are keeping the patient functional, allowing for increased mobility and tolerance of ADLs and home exercises. The exam shows the patient is well nourished, well hydrated, in no acute distress. Straight leg raise is negative bilaterally. Toe and heel walking is abnormal on the right. Gait is normal. There is also no paraspinal muscle spasms noted. Strength in the upper and lower extremities is normal. The utilization review denied the request on 12/20/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH CARE 3 HOURS PER DAY, 2 DAYS PER WEEK FOR 12 WEEKS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: <http://www.medicare.gov/Publications/Pubs/pdf/10969>.

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

**Decision rationale:** This patient presents with chronic low back pain with left thigh radicular pain and right foot drop. The treating physician is requesting home health care services 3 hours per day 2 days per week for 12 weeks. The MTUS Guidelines page 51 on home health services states that it is recommended medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. In addition, medical treatment does not include home maker 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 patient, the home care re-evaluation report dated 09/11/2013 by [REDACTED] documents that the patient is able to perform basic ADLs such as dressing and fixing a light meal, but is needing assistance with housekeeping, grocery shopping, and medication pick-up. In addition, she notes that the patient does not use a walker at home, but only for prolonged walking/standing and is able to ambulate with a steady gait. The progress report dated 12/11/2013 documents that while the patient has an abnormal heel-to-toe walk, gait is normal. Her upper and lower extremity strength is also normal. In this same report, the treating physician documents, "the patient continues to benefit from weekly Home Health care for cleaning, grocery shopping, help with bathing (occasionally), and help with picking up prescriptions." In this case, the patient does not appear to be home-bound. She is able to ambulate with no assistive devices for short distances. Furthermore, she is needing assistance with housekeeping, grocery shopping, occasional bathing and picking up prescriptions, which is not considered medical treatment by the MTUS Guidelines. Therefore, the request is not medically necessary.

**LIDODERM 5% PATCHES 12 HOURS ON, 12 HOURS OFF:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH), Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL CREAMS Page(s): 111.

**Decision rationale:** This patient presents with chronic low back pain with left thigh radicular pain and right foot drop. The treating physician is requesting Lidoderm patches. The MTUS Guidelines page 56 and 57 on Lidoderm patches states, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial or first line treatment (tricyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). This is not a first line

treatment. It is only FDA approved for postherpetic neuralgia." The records show that the patient has been using Lidoderm since 02/06/2013. The report dated 03/06/2013 documents, "She prefers the topical Lidoderm for pain/spasms, as she cannot tolerate the side effects of the oral muscle relaxants and NSAIDs." The progress report dated 05/01/2013 documents that the patient has failed Cymbalta due to intolerable side effects. In this case, the patient has trialed antidepressants with side effects, and the patient reports pain relief with the use of Lidoderm patches. The request is medically necessary.

**ALPRAZOLAM 0.025 MG:** Upheld

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

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

**Decision rationale:** This patient presents with chronic low back pain with left thigh radicular pain and right foot drop. The treating physician is requesting alprazolam 0.025 mg. Alprazolam belongs to a group called benzodiazepines. The MTUS Guidelines page 24 on benzodiazepines states, "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." The records show that the patient has been prescribed benzodiazepines since 2012 on an "intermittent basis" by the endocrinologist. In this case, the MTUS Guidelines do not recommend the long term use of this medication. The request is not medically necessary.