

<b>Case Number:</b>	CM14-0107545		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 and is licensed to practice in Texas. 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 49 year old male who sustained an industrial injury on 8/7/2000. The patient was seen for follow up on 5/27/2014. He continues complaints of ongoing and debilitating lower back pain radiating down to both lower extremities, but greater right than left. Pain is rated 8/10. His current medication regimen includes norco 6-8 tablets a day, anaprox, dendracin topical, soma, and Doral, which he claims enables him to sleep 4-5 hours. He is also requesting trigger point injections, and replacement of his mattress. He needs housekeeping services, 2 hours per day 3 days per week, which he has been receiving for the last 10 years. This was specifically recommended by the AME on his 11/9/2011 deposition. On examination, the patient moves slowly, has difficulty transitioning from seated to standing, he stood for most of the evaluation. There is tenderness of the lumbar musculature with increased muscle rigidity, decreased lumbar ROM with flexion to about 4 inches above the level of his knees and 10 degrees extension with pain, positive modified sitting SLR at 40 degrees bilaterally, and decreased sensation in approximately the L5 or S1 distribution. Reportedly, 4/1/2014 lumbar MRI reveals multilevel degenerative disc disease throughout the lumbar spine, 4 mm broad-based annular disc bulge at L3-4 and a 3 mm annular disc bulge at L5-S1 with moderate left neural foraminal stenosis. Refilled medications are Norco 10/325 8 per day, soma 350 mg 4-5 day, Anaprox 550 bid, Ativan 1mg prn, Prilosec 20 mg bid, Cymbalta 60 mg daily. Assessment: lumbar DDD with associated facet arthropathy and foraminal stenosis, both severe at L3-4 and L2-3; bilateral lower extremity radiculopathy; urologic incontinence; cervical spondylosis; reactionary depression/anxiety; medication-induced gastritis; and xerostomia with multiple caries, secondary to chronic narcotic use. The patient returned for follow up examination on 6/20/2014, regarding his complaint of low back pain with radicular symptoms to the bilateral lower extremities, rated 8/10. Reportedly, a 5/22/2014 updated electrodiagnostic study demonstrated bilateral L5 and

bilateral S1 radiculopathy; and 5/15/2014 lumbar MRI revealed multilevel disc disease, most prominent at L3-4, L4-5 and L5-S1. He remains on his current medication regimen. He is requesting refill of Doral 15 mg which enables him to sleep approximately 4-5 hours. The insurance carrier certified Norco, anaprox, Prilosec, and acupuncture treatment on 6/10/2014. He is requesting replacement of his mattress, and need for housekeeping services is again noted. Medications are continued. Physical examination findings and diagnoses are unchanged from the prior 5/27/2014 evaluation. The patient will proceed with acupuncture, continue medications, and will follow up for neurosurgical planning.

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

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

**Housekeeping services 2 hours 3 days per week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chapter not noted.

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Home health services is recommended only 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. It is appreciated that the patient has reportedly had housekeeping services for 10 years. There is a lack of any documentation regarding the patient's housekeeper's activities. The medical records do not establish the patient is home-bound. The medical records do not establish this patient is unable to perform self-care requirements. In the absence of documentation of any homebound situation for the patient, the medical necessity has not been established. The guidelines do not support home health care services for activities relating to personal care such as grooming, dressing, and bathing, or homemaker services such as assistance with food preparation, shopping, or housekeeping. The request is not supported by the MTUS Chronic Pain Guidelines. The medical necessity of this request has not been established.

**Doral 15mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, drug formulary MTUS does not specify chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Quazepam; Benzodiazepines

**Decision rationale:** According to the guidelines, Quazepam (Doral) is not generally recommended. This drug is within the class of drugs, Benzodiazepines, which are not recommended. The long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The medical records do not provide a clinical rationale as to justify providing a medication that is not recommended under the evidence-based guidelines. Therefore, the medical necessity of Doral is not established.