

<b>Case Number:</b>	CM14-0123240		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Occupational Medicine, 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 46-year-old male who has submitted a claim for 1) major depression, single episode, moderate, 2) agoraphobia with panic attacks, 3) pain disorder associated with both psychological factors and a general medical condition associated with an industrial injury date of May 30, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of arm pain and neck stiffness. Mental status examination revealed that the patient was in a great deal of pain and was moving around stiffly without turning his head and not raising his right arm much, mood was "I'm still having a lot of pain but the medications remain helpful, affect was appropriate to his mood and mildly brighter, and thought content was devoid of homicidal or suicidal ideation. Neurologic testing revealed 5/5 muscle strength in all extremity muscle groups except for the right biceps which was 4/5. Treatment to date has included clonazepam, fentanyl, gabapentin, hydrocodone, hydromorphone, Norco, olanzapine, oxycodone, oxycodone-acetaminophen, promethazine, ranitidine, Soma, Transderm-Scop and Valium. Utilization review from July 23, 2014 denied the request for House keeper 8 hours per week and Zyprexa Zydis 5mg #30. The reasons for denial were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**House keeper 8 hours per week:** 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 Home Health Services Page(s): 51.

**Decision rationale:** As stated in page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are home-bound, 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. In this case, the request was made because the pain had prevented the patient from keeping up with housekeeping chores. The patient did have a lady working for 8 hours a week in January of 2014 for housekeeping; however, this was no longer approved after 6 weeks. However, inability in performing activities of daily living were not verified in the documentation submitted. Furthermore, the activities by which the patient will be receiving assistance was not specified; homemaker services are not supported. The medical necessity as stated is inconsistent with the MTUS recommendations. Therefore, the request for House keeper 8 hours per week is not medically necessary.

**Zyprexa Zydys 5mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Atypical Antipsychotics

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Atypical antipsychotics according to the ODG are not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. In this case, the patient was diagnosed with Major depression and was prescribed with Zyprexa Zydys whose generic name is olanzapine, an atypical anti-psychotic. Based from the rationale mentioned above, this medication is not recommended by the guidelines. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Zyprexa Zydys 5mg #30 is not medically necessary.