

<b>Case Number:</b>	CM14-0158501		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	10/02/2004
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 2, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; multiple prior lumbar spine surgeries; transfer of care to and from various providers in various specialties; and long-acting opioids. In a Utilization Review Report dated September 17, 2014, the claims administrator denied a home health care nurse for assistance with psychiatric medications and cardiac medications. The claims administrator suggested that the applicant should be capable of self-administering his own medications. In a June 10, 2014 progress note, the applicant reported 8/10 pain. The applicant was having difficulty performing activities of daily living, housework, and chores. The applicant had a past medical history notable for depression and substance abuse. The applicant had undergone a medication detoxification program. The applicant did have comorbid hypertension and COP, it was noted. The applicant's medication list included Zestril, Strattera, minoxidil, clonidine, Lasix, and Glucophage. There was no mention of the need for home health nurse to administer medications on this occasion. On September 30, 2014, the attending provider stated that the applicant was not adhering to his medication regimen, was forgetting to take his medications and therefore needed a home health nurse to administer said medications. The applicant's medication list, on this occasion, included Zestril, Robaxin, Azor, Catapres, Lasix, and Glucophage. The applicant was described as having normal gait, normal station, normal muscle strength, and normal muscle tone with normal thought processes, normal competences, and appropriate alertness and orientation to person, place, and time. The applicant's mood and affect were described as normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care Home health nurse for medication, Psyche, Heart, requested provider:** [REDACTED]

[REDACTED]: 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 topic. Page(s): 51.

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to administer otherwise recommended medical care in applicants who are homebound. In this case, there is no evidence that the applicant is homebound and/or unable to attend outpatient office visits of his own accord. The attending provider, furthermore, has not clearly identified or established why the applicant cannot self-administer his own medications, if he is possessed of normal mental status, normal cognitive status, and/or is able to convey himself to outpatient office visits of his own accord. Therefore, the request is not medically necessary.