

Case Number:	CM14-0022115		
Date Assigned:	06/11/2014	Date of Injury:	01/17/2011
Decision Date:	07/24/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 61-year-old female who reported an injury 01/17/2011, the mechanism of injury was not provided within the medical records. The clinical note is handwritten and illegible. The clinical note dated 01/27/2014 indicated diagnoses of chronic pain syndrome secondary to anxiety and depression, herniated lumbar disc with radiculitis status post kyphoplasty at T11, osteoporosis, and fractured vertebrae. The injured worker reported severe pain to the lower back that radiated to bilateral legs. She reported it was hard to sit and stand and sleep was miserable. The injured worker reported pain meds not touching her pain, so she only took gabapentin. The injured worker reported her legs and feet were numb and cramped up. The injured worker reported she was unable bathe herself, she was unable to sleep in her bed because she was unable to make it to the bathroom from there. On physical examination, the provider noted the injured worker was very uncomfortable and it was hard for her to sit or stand longer than 5 minutes. The injured worker used a cane. The injured worker's legs were weak, 3/5 bilateral lower extremities, guarded with muscle spasms to the lower spine, positive straight leg raise bilaterally at 50 degrees. The prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Soma, lorazepam, Neurontin, Xanax, and topical creams. The provider submitted request for healthcare, medical transportation, and Soma. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE: 2 HOURS A DAY TIMES 7 DAYS: 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: The California Chronic Pain Medical Treatment Guidelines recommend home health care only for otherwise recommended medical treatment 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. There is lack of evidence of the injured worker being homebound or attending any type of rehabilitation program such as physical therapy. In addition, homemaker services like shopping, dressing, and bathing are not included in the medical treatment. Therefore, the request for home healthcare services two hours a day times seven days is not medically necessary and appropriate.

MEDICAL TRANSPORTATION: FOR ALL MEDICAL APPOINTMENTS: 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), Knee, Transportation.

Decision rationale: The Official Disability Guidelines (ODG) guidelines recommend transportation to and from appointments for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The documentation submitted indicated medical transportation was certified to and from the x-ray facility. It was not indicated if the injured worker had completed her appointment with x-ray. In addition, the request did not indicate a time frame for the medical appointments; therefore, the request for medical transportation is not medically necessary and appropriate.

SOMA 350MG: 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 Muscle relaxant, Soma Page(s): 29.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state Soma is not indicated for long-term use. Soma is a commonly prescribed, centrally acting skeletal muscle

relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reported she is only taking gabapentin due to her other medications are not touching her pain. The injured worker denies functional improvement with the use of this medication. In addition, there was lack of quantified pain relief. Moreover, this medication is for short-term use. The injured worker has been prescribed this medication since at least 08/24/2013, this exceeds the guideline recommendation of short-term use. Additionally, there is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the request does not indicate a frequency or quantity for this medication. Therefore, the request for Soma 350 mg days is not medically necessary and appropriate.