

<b>Case Number:</b>	CM14-0025260		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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 injured worker is a 69-year-old male who reported an injury on 10/05/2010. The mechanism of injury was not provided. The clinical note dated 01/27/2014 noted the injured worker presented with complaints of sharp right knee pain rated 8/10. Prior treatment included medications and surgery. Upon examination, the range of motion values for the right knee were 105 degrees of flexion and 0 degrees of extension, the left knee range of motion values were 120 degrees of flexion and -5 degrees of extension. The motor strength was 5-/5 in hip flexors (L3) bilaterally, knee extensors (L4) was 5-/5 for the right and 4/5 for the left, great toe extensor (L5) was 5-/5 bilaterally, and foot evertors (S1) was 1/5 bilaterally. The diagnoses were status post right total knee replacement surgery on 06/19/2013, status post left knee surgery secondary to osteoarthritis, left knee osteoarthritis/degenerative joint disease, shortness of breath, and intractable pain. The provider recommended 4 weeks home health care and Ambien 10 mg be taken orally as directed before bedtime to aid with insomnia, the provider's rationale was not provided. The request for authorization for home health was dated 01/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 WEEKS HOME HEALTH CARE(BATHING, LIGHT CLEANING, WOUND CARE 3 HOURS A DAY, 5 DAYS A 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:** The California MTUS recommend home health services for medical treatment for injured workers who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours a 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. The included medical documents do not indicate whether the injured worker is homebound, or a part-time or intermittent basis. The guidelines do not recommend the use of home health services for the use of bathing and light cleaning as indicated in the request. The provider requested wound care services for the injured worker; however, there was no documentation of the site of the wound severity of the wound, and the treatment that needed to be provided, that would necessitate care given at home. As such, the request is not medically necessary and appropriate.

**AMBIEN 10 MG, #60 (Rx GIVEN):** 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) Pain, Zolpidem.

**Decision rationale:** The Official Disability Guidelines state that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term, usually 2 to 6 weeks treatment of insomnia. Zolpidem is the same drug as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, also called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy should be a more important part of insomnia treatment plan. The injured worker has been prescribed Ambien since at least 11/15/2013, the efficacy of the medication was not provided. The severity of the injured worker's insomnia symptoms was not indicated in the documentation. The frequency of the medication was not provided in the request as submitted. As such, the request is not medically necessary and appropriate.