

<b>Case Number:</b>	CM14-0033595		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	09/07/2006
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Orthopedic Surgery, 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 a 57 year-old female who is reported to have sustained work related injuries on 09/07/06. Records indicate the patient eventually underwent an L3 to L5 fusion. Recent clinical records indicate the patient's status post RFA of the facets from L2 to S1 with 30% relief. Current pain level is reported to 7/10 VAS. Imaging studies have identified a pseudoarthrosis at L3/4 posteriorly. MRI of the sacrum dated 08/07/13 is reported to have identified a right sacral ala fracture with surrounding edema. A urine toxicology screen was performed on 01/11/14. The most recent clinical notes dated 02/05/14 [REDACTED] and 02/11/14 [REDACTED] do not contain any physical examination results. Review of prior utilization paperwork indicates the patient lives alone and is recently a widower.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IN HOME ASSISTANCE HOURS/DAY 3DAYS/WEEK:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

**Decision rationale:** The submitted clinical records indicate the patient is a 57 year-old female who has a Failed Back Surgery Syndrome (FBSS). The patient is noted to be a widower with not support available. The records indicate the patient is debilitated and imaging has indicated a pseudoarthrosis at L3/4 and possible united sacral fracture. Per CA MTUS home health care is 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. Given the extensive nature of the claimant's pathology she would meet criteria per CA MTUS. Requested service is medically necessary.

**DILAUDID 4MG #90 WITH 3 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The submitted clinical records indicate the patient is a 57 year-old female who has a Failed Back Surgery Syndrome (FBSS). The records indicate the patient is debilitated and imaging has indicated a pseudoarthrosis at L3/4 and possible non-united sacral fracture. The records identify that the claimant's pain levels are 4/10 with medication. UDS for compliance was recently performed. There is no data indicating aberrant behavior. Given the extent of the current pathology the continued use of this medication is both appropriate and medically necessary.

**NORCO 10/325 #180 WITH 3 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The submitted clinical records indicate the patient is a 57 year-old female who has a Failed Back Surgery Syndrome (FBSS). The records indicate the patient is debilitated and imaging has indicated a pseudoarthrosis at L3/4 and possible non-united sacral fracture. The records identify that the claimant's pain levels are 4/10 with medication. UDS for compliance was recently performed. There is no data indicating aberrant behavior. Given the extent of the current pathology the continued use of this medication is both appropriate and medically necessary.

**SOMA 350MG 3120 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma. Decision based on Non-MTUS Citation ODG-TWC, Pain Procedure Summary, muscle relaxants and Antispasmodics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The submitted clinical records indicate the patient is a 57 year-old female who has a Failed Back Surgery Syndrome (FBSS). The records indicate the patient is debilitated and imaging has indicated a pseudoarthrosis at L3/4 and possible non-united sacral fracture. The records identify that the claimant's pain levels are 4/10 with medication. There is no recent examination indicating myospasm for which this medication would be indicated. It is further noted that CA MTUS does not support the long-term use of this medication as the efficacy is not established. Therefore, this medication would not be supported as medically necessary.

**TRAZODONE 50MG 360 WITH 3 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 13-16.

**Decision rationale:** The submitted clinical records indicate the patient is a 57 year-old female who has a Failed Back Surgery Syndrome (FBSS). The records indicate the patient is debilitated and imaging has indicated a pseudoarthrosis at L3/4 and possible non-united sacral fracture. The records identify that the claimant's pain levels are 4/10 with medication. The records indicate significant sleep disturbance secondary to pain. The patient also has neuropathic pain which most likely impacted by this medication. There is no documented aberrant behavior or evidence of misuse. Given the benefit continued use of this medication is recommended as medically necessary.