

Case Number:	CM14-0040753		
Date Assigned:	06/30/2014	Date of Injury:	08/26/2009
Decision Date:	08/14/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/08/2014

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 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:

This is a 64 year old female claimant who sustained a work related injury in August 2009 involving the left ankle, low back and left knee. She was diagnosed with degenerative disc disease, lumbar myelopathy, left ankle sprain and left knee derangement. In January 2014 he was hospitalized and treated for hydrocephalus. A progress note on 2/10/14 indicated she had 8/10 pain. She required a cane to walk. Physical findings were notable for reduced flexion and extension of the lumbar spine, and a positive straight leg raise on the left side. The left knee was tender over the medial joint line and the left ankle was tender over the lateral aspect. The treating physician recommended continuation of home health 5 days per week 5 hours per day to assist with bathing, showering and clothing. A subsequent request was made for Lyrica for neuropathy and Fexmid for muscle spasms. The claimant had been on Lamictal, Tramadol, Geodon, and Depakote. A progress note on 6/17/14 indicated she continues to have 8/10 pain. Physical findings were notable for reduced flexion and extension of the lumbar spine, and a positive straight leg raise on the left side. The left knee was tender over the medial joint line and the left ankle was tender over the lateral aspect. The treating physician recommended continuation of home health 5 days per week 5 hours per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-Home/Home Health Assistance 5 Days per week/5 hours per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health.

Decision rationale: According to the MTUS guidelines, home health is recommended 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. In this case, the home health was initiated for activities of daily living which are not supported by the guidelines. In addition, there are no supporting notes from home health specifying what assistance is being provided. Based on the above, continued home health is not medically necessary.

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants and pg 63 Page(s): 63.

Decision rationale: According to the MTUS guidelines : Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the requested amount of Flexeril exceeds the short duration recommended by the guidelines. In addition, the claimant's pain and function had not improved over time with numerous medications and topical Flexeril. The request above is not medically necessary.

Lyrica #60: 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 Lyrica and pg 99 Page(s): 99.

Decision rationale: According to the MTUS guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. It is also an anti-epileptic. In this case, the claimant had

been on numerous anti-epileptics. There was no indication of diabetic neuropathy. The request for Lyrica is not clinically supported and not medically necessary.