

Case Number:	CM14-0041523		
Date Assigned:	06/27/2014	Date of Injury:	04/05/2010
Decision Date:	08/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/07/2014

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 Nevada. 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 records presented for review indicate that this 66-year-old female was reportedly injured on April 5, 2010. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 14, 2014, indicated that there were ongoing complaints of back and leg pains. The physical examination demonstrated a 5'8", 255 pound individual in no acute distress. Laseque sign was positive bilaterally. Straight leg raising was positive bilaterally. A slight weakness (4/5) is also noted bilaterally. Diagnostic imaging studies were not reviewed. Previous treatment included medications, physical therapy and conservative care. Total knee arthroplasty has also been completed. A request had been made for medications, durable medical equipment and home health aide and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-116.

Decision rationale: When noting the date of injury, the injury sustained, the treatment to date and the current physical examination, there is no clinical indication presented for the ongoing use of this piece of durable medical equipment. There was no noted objectified efficacy, utility, improvement in functionality or decrease in pain complaints. Therefore, based on the clinical information presented for review, this is not medically necessary.

Flexeril 7.3 mg #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 Page(s): 41, 64.

Decision rationale: As outlined in the MTUS, this medication is only indicated for the short-term relief of the acute flares of muscle spasm. There was no clinical indication for chronic, indefinite or unending use. Furthermore, the physical examination did not identify any specific current medical malady that would require such intervention. As such, based on the data presented for review, this is insufficient clinical information to support the medical necessity of this preparation.

Restoril 30 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This medication is a hypnotic of the benzodiazepine class of psychoactive drugs. It has been approved for the short-term treatment of insomnia, but also has an antianxiety effect, anticonvulsant and addresses skeletal muscle issues. This specific medication is not addressed in the MTUS. In this particular role, this is used to address insomnia. However, benzodiazepines are addressed in the MTUS. The citation refers to the benzodiazepine aspect of the MTUS. These medications are not recommended for long-term use as the efficacy is unproven and there is a risk of dependence. These guidelines limit use to approximately 4 weeks. Furthermore, chronic benzodiazepine use is rarely the choice of treatment in all but a very few conditions. Tolerance and physical dependence are noted to occur with benzodiazepines. Medical necessity is not established from the progress notes reviewed.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: As outlined in the MTUS, this medication is indicated is a short acting opioid use for breakthrough pain on a moderate to severe status. This medication is not intended for chronic, indefinite or routine use. Therefore, based on the limited clinical information, presented on progress notes reviewed, there is insufficient data support the medical necessity for this preparation.

Home health assistance four days per week, five hours per day (no duration indicated):
Upheld

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: As outlined in the MTUS, such home health aides/medical treatment for patients who are homebound, require a medical care and this does not serve as a homemaker doing various chores. When noting the date of injury, the injury sustained, the findings on physical examination, there was no indication presented for the need for daily medical intervention or home health assistance. As such, based on the clinical information reviewed and by the physical examination reported and taking note of the MTUS guidelines, this is not medically necessary.