

Case Number:	CM14-0070546		
Date Assigned:	07/23/2014	Date of Injury:	10/13/2001
Decision Date:	09/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 10/13/2001 due to a fall where he experienced immediate back pain that radiated to the legs after landing on screws that were pointed upwards. The injured worker had a history of lower back pain that radiated to the lower extremities with numbness and weakness. The injured worker had a diagnosis of lumbosacral radiculopathy and intractable lumbar pain. The past surgical procedures included a status post lumbar arthrodesis with retained hardware and a failed lower back surgery in 2003. The past treatments included an epidural steroid injection. The medications included Zanaflex 4 mg, Ambien 5 mg, and oxycodone 10 mg with a reported pain level of 9/10 using the VAS. The objective findings to the lumbar spine dated 06/02/2014 revealed tenderness with spasms, decreased, and reduced range of motion, normal gait. The treatment plan included heavy housekeeping 1 times a week and home-attended care 4 hours per week. The Request for Authorization dated 07/23/2014 was submitted with documentation. The rationale for the home attendant care and the heavy housekeeping was because the injured worker had hurt himself.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heavy Housekeeping 1x/Week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationale: The request for heavy housekeeping 1 times a week is not medically necessary. The California MTUS recommends home health only for medical treatments for patients who are homebound. On a part time or on an intermittent basis, generally up to no more than 35 hours per week. A 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 clinical notes provided indicated that the injured worker has a care assistant already and is not homebound. The home health does not include homemaker services, such as the cleaning and laundry. As such, the request is not medically necessary.

Home Attendant Care 4 hrs 2x/wk: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationaleThe request for home attendant care 4 hours 2 times a week is not medically necessary. The California MTUS recommends home health only for medical treatments for patients who are homebound. On a part time or intermittent basis, generally up to no more than 35 hours per week. A 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 clinical notes provided indicated that the injured worker has a care assistant already. The home health does not include homemaker services, such as the cleaning and laundry. As such, the request is not medically necessary.

Percocet 7.5/325mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92, 76, 89, 78, 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet; Ongoing Management Page(s): 75-86, 78.

Decision rationale: The request for Percocet 7.5/325mg BID # 60 is not medically necessary. The California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily

living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Guidelines indicate the 4 A has to be documented. Analgesics, activities of daily living, adverse side effects, and aberrant drug taking behavior. The documentation indicated that the injured worker was to be weaned off the opioid. As such, the request is not medically necessary.

Zanaflex 4mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

Decision rationale: The request for Zanaflex 4mg BID # 60 is not medically necessary. The California MTUS guidelines recommend Tizanidine (Zanaflex) as non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Guidelines indicate for short-term use of exacerbations and as a second line option. The clinical notes did not indicate the frequency of the exacerbations f the length of time the injured worker had been taking the Zanaflex. As such, the request is not medically necessary.