

<b>Case Number:</b>	CM14-0075034		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/09/1984
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 64 year old male claimant sustained a work injury on 4/9/84 involving the low back He was diagnosed with chronic back pain, degenerative disk disease and chronic pain syndrome. A progress note on 12/3/13 indicated the claimant had continued pain and spasms in the low back. He had difficulties with bending, lifting, walking or stooping. Exam findings were notable for stiffness in the low back. The treating physician requested home care for 16 hours per week for 12 weeks. The claimant was given Diazepam 5 mg nightly with 3 month refills. The claimant had received over 36 days of home care services in 2013. A progress note on 5/22/14 indicated the claimant had been receiving home care 16 hours per week to help with laundry, cooking and cleaning. Exam findings were notable for limited flexion and extension. No assistive device was needed. He was continued on Diazepam with 3 months refills as well as 12 weeks of home health 16 hours per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care Aide 4hrs day 4 days week x12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x Home Health and pg.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, home health 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. Since the claimant had been using the aid for homemaker services, the request above is not medically necessary.

**Diazepam 5mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The indication for prolonged use of Diazepam was not justified or specified. The continued use is not medically necessary.