

Case Number:	CM14-0086409		
Date Assigned:	07/23/2014	Date of Injury:	05/04/2005
Decision Date:	09/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, bilateral knee, and hip pain reportedly associated with an industrial injury of May 4, 2005. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representations, unspecified amounts of chiropractic manipulative therapy, earlier knee surgeries, a total knee arthroplasty surgery, and extensive periods of time off of work. In a Utilization Review Report dated May 14, 2014, the claims administrator denied a request for Sonata and home health services. The applicant's attorney subsequently appealed. In a progress note dated June 9, 2014, it was acknowledged that the applicant was not working. Persistent complaints of low back pain radiating to the left leg were noted. The 2-3/10, moderate pain was noted. The applicant was still receiving home healthcare assistance, it was stated. The attending provider noted that the applicant was using Ultram, Motrin, and Sonata and stated that the pain medications were improving the applicant's ability to exercise. Much of the commentary was based on usage of preprinted checkboxes. The attending provider sought authorization for continued home care assistance at a rate of three hours a day, four days a week for six weeks to assist with cooking and cleaning. The attending provider did not make any mention of how usage of Sonata had or had not been beneficial in terms of ameliorating sleep issues. In an April 30, 2013 letter, the attending provider suggested that the applicant was having residual issues with sleep disturbance and that the applicant's need for home health services would likely be indefinite. In an earlier note dated April 25, 2014, the applicant was described as having persistent complaints of knee pain and low back pain. The applicant was off of work. Home health services were sought. The attending provider noted that the applicant was using Sonata, a sleep aid, once again through usage of preprinted checkboxes. There was no mention of whether or not Sonata was beneficial here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance at 3 hours/day, 4 days a week x 6 weeks: Upheld

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

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

Decision rationale: The attending provider has indicated that the services being sought include assistance with cooking, cleaning, and other activities of daily living. However, as noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, such services are not recommended when they are the only care being sought. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does not support provision of homemaker services, including the cooking and cleaning reportedly being sought here, on a stand-alone basis. Therefore, the request is not medically necessary.

Sonata (Zaleplon) 10mg #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, Treatment Index, 6th Edition (web), 2008, Pain - Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Sonata Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Sonata, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider seemingly renewed Sonata from visit to visit using preprinted checkboxes with no discussion of medication efficacy. It did not appear, based on the information on file, that Sonata had appreciably ameliorated the applicant's ongoing issues with pain and sleep disturbance. Therefore, the request is not medically necessary.