

<b>Case Number:</b>	CM14-0090120		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/29/2002
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 patient is a 55 year-old female with date of injury 04/29/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/16/2014, lists subjective complaints as low back pain and leg pain. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral musculature due to pain. Range of motion was decreased in all ranges due to pain. Straight leg test was negative. Motor strength was noted at 5/5 proximally and distally bilaterally. Diagnoses include L3-4 and L4-5 XLIF and posterior fusion, Spondylolisthesis at L3-4 3, Sacroiliitis, and right knee strain/sprain. Prior treatments include anti-inflammatory medication, physical therapy, bracing, acupuncture, trial spinal cord stimulator which provided 50% relief, and 3 epidural injections per year for the past 9 years. The patient underwent L3-4 discectomy in 2002 with 30% improvement and L3-4 and L4-5 lateral fusion and posterior fusion on 02/04/2014 and 02/05/2014 with very good improvement post-operatively. Physician states that the patient lives by herself and she is absolutely unable to cook for herself and needs meals to be delivered to her home. The medical records supplied for review were insufficient in determining whether the patient has been prescribed the following medications farther back than the request for authorization on 01/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meals for home (delivered to home): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/3335719>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Blue Cross HMO/SS Operations Manual, Covered Services, March 2006, Home Delivered Meals.

**Decision rationale:** Supplies that are medically necessary due to their therapeutic or diagnostic characteristics are essential in enabling home health agency personnel to carry out effective care. Food, housing, homemaker services, and home delivered meals, however, are excluded from the home health care benefit. As such, the current request is not medically necessary and appropriate.

**Home care 5hr/day, 5 days a week for 3 months:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. 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. As such, the current request is not medically necessary and appropriate.

**Gabapentin 300mg #120 with refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 and 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 19 Page(s): 19.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for Gabapentin is three to eight weeks for titration, then one to two weeks at the maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in his pain symptoms, with the recommended change being at least 30%. There is documentation by the primary treating physician that there has been a change in the patient's thigh radiculopathy with Gabapentin. As such, the request is medically necessary and appropriate.

**Colace 100mg #120 with 3 refills:** Overturned

**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 9792.20 - 9792.26, Page 77 Page(s): 77.

**Decision rationale:** The MTUS Chronic Pain Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. Prophylactic treatment of constipation should be initiated. The request is medically necessary and appropriate.