

<b>Case Number:</b>	CM14-0184623		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 New Jersey. 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 worker is a 54 year old female who sustained a work related injury on 05/01/2013. While performing her duties as a stock clerk on the night shift, the injured worker stated that she was working with a co-worker breaking a pallet of boxes filled with jelly jars, when one of the boxes fell hitting her on the left front area of her head. The force flung her head and she fell to her knees. The injured worker went to the emergency room where MRI, x-rays, and CT scans were completed. Current diagnoses consist of: intervertebral disc disorder with myelopathy of the cervical region, status post blunt head trauma, cervical spine musculoskeletal- ligamentous, and depressive disorder not otherwise specified. Treatments have included: medications and neck surgery (03/18/2014). According to the clinical records submitted in this review, the injured worker continued with complaint of severe headaches, neck and left shoulder pain that extends to her left arm and hands, numbness and tingling sensations in both hands and difficulty with sleeping because of the pain. On 10/15/14, a progress note written by the injured worker's primary treating physician reported that the worker complained of difficulties with household chores increasing her pain and fear related to living alone and not being able to remember things. The current request is for decision for Housekeeping Service for 4 hours, twice a week to clean, do laundry & prepare meals; follow-up evaluation on a monthly basis primarily to help "reduce her anxiety and fear". She was also recommended Clonidine 0.1mg without explanation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Housekeeping Service for 4 hours, twice a week, to clean, do laundry & prepare meals.**  
**Follow-up evaluation on a monthly basis: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that home health services be recommended only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The MTUS also clarifies that 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. In the case of this worker, the request for home care was for assistance with chores and not for a specific medical treatment. Therefore, the request for Housekeeping Service is not medically necessary.

**Clonidine 0.1mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682243.html>

**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: Medscape: clonidine (<http://reference.medscape.com/drug/catapres-tts-clonidine-342382>)

**Decision rationale:** The MTUS is silent regarding clonidine. Clonidine is a second line therapy for the treatment of hypertension. In regards to the Clonidine 0.1mg recommended to the worker in this case, there was no rationale provided as to why Clonidine is being requested; there was no medical records submitted to support the use of this medication for the diagnosis provided. No blood pressure measurements were found documented in the notes available for review, particularly at the time of this request by the requesting physician. Therefore, the request for Clonidine 0.1mg is not medically necessary.