MAXIMUS Federal Services

Case Number:	CM15-0008188		
Date Assigned:	01/16/2015	Date of Injury:	02/10/2006
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 61-year-old female who reported injury on 02/10/2006. The mechanism of injury was a trip and fall. The diagnostic studies and prior therapies were not provided. The documentation of 12/01/2014 revealed the injured worker had increased pain throughout her neck and lower extremities. The injured worker was noted to have difficulty with simple activities of daily living including dressing. The injured worker indicated she was assisted by her roommate. The injured worker's medications included Ultram for breakthrough pain and Ambien CR for sleep. The physical examination revealed a mildly antalgic gait. There was pain to palpation in the right shoulder with decreased range of motion, abduction limited to 90 degrees, forward flexion to 110 degrees. There was pain in the lumbar musculature. There was a positive straight leg raise bilaterally. The diagnoses included status post hyperextension trip and fall, resulting in transient quadriparesis, residual myeloradiculopathy, cervical ataxia, urinary voiding difficulty/possible partial neurogenic bladder, severe residual cervical stenosis, status post multilevel C2-T1 cervical decompression. in 2009, claw deformity, early equinus deformity of the right foot, L4-5 lumbar spinal stenosis with grade 1 spondylosis, status post L4-5 decompression fusion in 07/2012, lumbar radiculopathy, chronic sleep disturbance, clinical psychiatric syndromes including depressive/anxiety disorder, insomnia, and female hypoactive sexual desire disorder, new onset of hypertension and gastroesophageal reflux disease. The treatment plan included continued Dexilant 60 mg by mouth daily prn GERD, continue to hold nonsteroidal anti-inflammatories, continue Ultram 50 mg 1 to 2 tablets by mouth daily prn for breakthrough pain, and Ambien CR 12.5 mg 1 tablet by mouth at bedtime, as well as home

health care twice a week to aid with cooking, cleaning, and doing laundry. There was a Request for Authorization submitted for review for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem, Insomnia Treatments

Decision rationale: The Official Disability Guidelines indicate that zolpidem is recommended for the short term treatment of insomnia. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for insomnia and had been for an extended duration of time. However, there was a lack of documentation of efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien CR 12.5 mg #30 is not medically necessary.

Ultram 50mg 1-2 tab po qd #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and objective decrease in pain. Given the above, and the lack of documentation, the request for Ultram 50 mg 1-2 tabs by mouth daily #60 is not medically necessary.

Home Health Care four hours a day twice a week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend home health services for injured workers who are homebound and who are in need of part time or intermittent medical treatment for up to 35 hours per day. Medical treatment does not include homemaker services such as cooking, shopping, cleaning, or laundry. The clinical documentation submitted for review indicated the request was made for assistance for cooking, cleaning, and doing laundry. There was a lack of documentation indicating the injured worker had a medical condition that would support the need for home health services. The request as submitted failed to indicate the duration of use being requested. Given the above, the request for home health care 4 hours a day twice a week is not medically necessary.