

Case Number:	CM15-0133456		
Date Assigned:	07/21/2015	Date of Injury:	01/07/2000
Decision Date:	08/18/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/10/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 47 year old female, who sustained an industrial injury on 1/7/00. Initial complaint was of lower back pain. The injured worker was diagnosed as having cervicalgia; cervical radiculitis; lumbar HNP; cervical HNP. Treatment to date has included Status post L4-L5 laminectomy with L4-S1 bilateral posterior fusion (total of 4 lumbar surgeries); status post anterior cervical discectomy fusion C4-C6 (7/15/13); physical therapy; medications. Diagnostics studies included MRI lumbar spine (9/29/09); MRI cervical spine (12/30/14); CT scan cervical spine 6/16/15). Currently, the PR-2 notes dated 6/4/15 indicated the injured worker complains of worsening symptoms and decreased activities of daily living due to increased pain. She reports she has increased taking his prescription medications. She has difficulty eating; unable to eat without vomiting. The CT scan reveals positive C3-4 disc space narrowing right greater than left with exiting nerve root compression. She has complaints of bilateral upper extremity radiculopathy and paresthesia. She has a negative Hoffmann's sign and positive C5-6 radicular symptoms. She has been diagnosed with cervical and lumbar HNP. She is a status post L4-L5 laminectomy with L4-S1 bilateral posterior fusion (total of 4 lumbar surgeries) and status post anterior cervical discectomy fusion C4-C6 (7/15/13). A PR-2 note dated 2/26/14 indicated the injured worker had been treated for some period of time for severe lumbar spine symptomology as well as cervical spine complaints. She has extensive weakness in both legs as well as bowel incontinence and bladder muscle weakness. She was having marked difficulty with her current activities of daily living. At the time of this note, the provider was requesting an increase in the injured worker's home care assistance because of her deteriorating medical condition. The

provider is requesting authorization of home health care 4-5 hours a day 5-6 days a week and Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 4-5 hours a day 5-6 days a week: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, home healthcare 4 to 5 hours a day, 5 to 6 days a week is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are cervical HNP; and lumbar HNP. The documentation is handwritten and incomplete. The date of injury is January 7, 2000. Request authorization is dated June 9, 2015. The documentation contains a similar request for additional homecare in a February 6, 2014 progress note with similar circumstances. The worker states she requires additional help at home to complete domestic services. There is no documentation the injured worker's homebound. The most recent progress note dated June 4, 2015 shows the injured worker has increased prescription use and decrease ADLs. There is no physical examination. There is no documentation indicating the injured worker's gait. Consequently, absent clinical documentation with both subjective symptoms and objective clinical findings indicating homebound status and a recent physical examination, home healthcare 4 to 5 hours a day, 5 to 6 days a week is not medically necessary is not medically necessary.

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical HNP; and lumbar HNP. The documentation is handwritten and incomplete. The date of injury is January 7, 2000. Request authorization is dated June 9, 2015. The request for authorization contains a request and approval for Tizanidine (a muscle relaxant) and a request for Soma 350 mg. There is no clinical indication for 2 muscle relaxants prescribed concurrently. Tizanidine 2 mg was approved. As a result, there is no clinical indication for Soma. Consequently, absent compelling clinical documentation with a clinical indication and rationale for two muscle relaxants written concurrently and approval for Tizanidine, Soma 350mg #60 is not medically necessary.