

<b>Case Number:</b>	CM15-0148765		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	11/07/2007
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 42 year old female, who sustained an industrial injury on 11-7-07. She reported low back, shoulder, and neck pain. The injured worker was diagnosed as having pain disorder, sleep disorder, and sexual dysfunction. Treatment to date has included trigger point injections, TENS, bilateral hip core decompression surgery, physical therapy, and medication. The injured worker had been taking Trazodone since at least 6-21-12 and Diazepam since at least 3-4-13. Currently, the injured worker complains of headaches, neck pain, low back pain, bilateral hip pain, depression, sexual dysfunction, sleep disturbance, and bruxism. The treating physician requested authorization for Diazepam 10mg #30, Trazodone 100mg #60, 35 hours a week of in- home housekeeping, and 12 monthly medication management sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, muscle relaxants Page(s): 24 and 66.

**Decision rationale:** Valium is not medically necessary by MTUS guidelines. The patient had been taking it for over a year and according to guidelines, it is not recommended for long-term use as long-term efficacy is unproven and there is a high risk of dependency. Tolerance to muscle relaxant effects occurs within weeks. There is no benefit to taking benzodiazepines over other muscle relaxants for treatment of spasms. It is also not first-line for the treatment of depression. Therefore, the request is considered not medically necessary.

**Trazodone 100mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Trazodone.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/stress, Trazodone.

**Decision rationale:** The request is considered medically necessary. According to ODG guidelines, Trazodone is recommended for insomnia when there is a potentially coexisting mild psychiatric symptoms. The patient was noted to have depression. Trazodone helps her with her sleep. It is not the best anti-depressant for major depressive disorder, but can help with depressive symptoms. Therefore, it may be beneficial and is considered medically necessary.

**35 hours a week of in-home housekeeping:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual Chapter 7-Home Health Services, section 50.2 (Home Health Aide Services), Official Disability Guidelines, Pain, Home Health Services.

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

**Decision rationale:** The request is considered not medically necessary as stated. According to MTUS, home health services are recommended only for otherwise 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. 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. According to the chart, the patient did not have any wounds requiring wound care by a home health aide. The patient is able to ambulate, and MTUS guidelines specify that homemaker services and personal care are not included under medical care. Therefore, the request is considered not medically necessary.

**12 monthly medication management sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office visits, pain.

**Decision rationale:** The request is considered not medically necessary. While medication management is essential to treatment, it is unclear if the patient will need 12 sessions. The need for sessions should be evaluated on a month to month base. Therefore, the request is considered not medically necessary.