

<b>Case Number:</b>	CM15-0168193		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	02/22/2008
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 61 year old male who sustained an industrial injury on February 22, 2008. A recent primary treating office visit dated July 14, 2015 reported subjective complaint of continued low back pain radiating to the left lower extremity with associated parasthesia's. The plan of care noted continuing home exercise program; continue use of bracing; and continue with medication regimen; continue with home care services. Current medications consisted of: Fexmid, Neurontin, Norco and Prilosec. Primary follow up dated February 27, 2015 reported current medications consisted of: Prilosec, Fexmid, Neurontin, and Dendracin topical lotion. The plan of care noted involving recommendation for home care assistance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Fexmid 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). 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, Fexmid 7.5 mg #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 completely illegible throughout the medical records. Date of injury is February 22, 2008. The request for authorization is July 14, 2015. According to a February 27, 2015 progress note, current medications included Fexmid. Objectively, there was tenderness palpation in the lumbar paraspinal muscle groups with spasms. 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. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Documentation reflects ongoing low back pain. At a minimum, Fexmid was continued in excess of five months. The exact duration is unspecified because the start date is not specified the medical record. The treating provider exceeded the recommended guidelines for short-term (less than two weeks). There is no documentation demonstrating objective functional improvement to support ongoing Fexmid. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, continued Fexmid treatment in excess of the recommended guidelines (in excess of five months) for short-term (less than two weeks), and no documentation of acute low back pain or an acute exacerbation of chronic low back pain, Fexmid 7.5 mg #60 is not medically necessary.

**6 weeks of continued home care assistance 4 hours a day for 3 days a week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Service; section 50.2 (Home health Aide Services).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

**Decision rationale:** Pursuant to the Official Disability Guidelines, six weeks continued home care assistance, four hours per day, three days per 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 completely illegible throughout the medical records. Date of injury is February 22, 2008. The request for authorization is July 14, 2015. According to a February 27, 2015 progress note, current medications included Fexmid. Objectively, there was tenderness palpation in the lumbar paraspinal muscle groups with spasms. The documentation indicates Homecare was being considered for an indefinite period of time. According to a July 14, 2015 progress note, the injured worker was able to stand and ambulate. The documentation was illegible in terms of time and duration. It appears to represent 10 minutes to 1 hour. The injured worker was also able to do housework, cooking, laundry and bathing, self-care, dressing and improve participation in a home exercise program. Home health services include both medical and non-medical services deemed to be medically necessary for patients who are confined to the home (homebound). There is no documentation throughout the medical records indicating the injured worker is homebound. The documentation indicates the injured worker was able to stand, walk, do housework, cooking, laundry and bathing, etc. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation showing the injured worker is homebound with documentation showing the injured worker is able to stand, walk, do housework, etc., six weeks continued home care assistance, four hours per day, three days per week is not medically necessary.