

Case Number:	CM15-0188187		
Date Assigned:	09/30/2015	Date of Injury:	12/01/2011
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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: Arizona, California

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 57 year old female, who sustained an industrial injury on 12-1-2011. The medical records indicate that the injured worker is undergoing treatment for status post L4-5 and L5-S1 fusion (5-6-2014), status post C3 through C7 discectomy and fusion (2012), right trigger thumb, right carpal tunnel syndrome, bilateral knee sprain-strain, and sleep complaints. According to the progress report dated 8-5-2015, the injured worker presented with complaints of low back pain, muscle spasms, joint pain, stress, anxiety, difficulty sleeping, and right hand weakness with difficulty grasping and holding. The level of pain is not rated. The physical examination of the lumbar spine reveals slight tenderness to palpation over the bilateral paravertebral musculature and limited range of motion. The treating physician notes that the injured worker has difficulty doing heavier housework, homecare, shopping, etc. In addition, she has difficulties getting in and out of bed due to her spinal injuries. The current medications are Ultram ER, Fexmid, and Sonata. There is documentation of ongoing treatment with Fexmid and Sonata since at least 4-2-2015. Previous diagnostic studies were not specified. Treatments to date include medication management, physical therapy, and surgical intervention. Work status is described as modified duty. The original utilization review (9-10-2015) had non-certified a request for Fexmid, Sonata, and home health care assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistance 4hrs/day, 3 days/week (months) Qty: 3: 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): Home health services.

Decision rationale: According to the MTUS guidelines: 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. In this case, the request for home health was for shopping and meal preparation. Since, the guidelines do not cover such needs as a medical treatment, the request for home health is not medically necessary.

Fexmid 7.5mg #60: 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 rationale: According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Fexmid for a prolonged period along with prior Ultram use. Continued use of Fexmid is not medically necessary.

Sonata 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, 9th Edition (web): Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia.

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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Sonata is indicated for the short-term treatment of insomnia with difficulty of sleep onset. In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions was not noted. Continued use of Sonata is not medically necessary.