

Case Number:	CM15-0193518		
Date Assigned:	10/08/2015	Date of Injury:	03/02/2001
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

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 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 54-year-old male, with a reported date of injury of 03-02-2001. The diagnoses include cervical sprain and strain, bilateral shoulder post-traumatic arthrosis with impingement, lumbar herniated nucleus pulposus, status post right ulnar nerve transfer of the elbow, insomnia, headaches, depression, status post right arthroscopic subtotal medial and partial lateral meniscectomy and chondroplasty of the patella, status post arthroscopic subacromial decompression and partial distal claviclectomy, status post right carpal tunnel release, status post left medial meniscectomy and chondroplasty of the lateral femoral condyle, bilateral cubital tunnel syndrome, right ulnar nerve entrapment of the elbow, and acute left knee effusion. Treatments and evaluation to date have included Flexeril (since at least 11-2014), Tramadol, Naprosyn, Xanax (since at least 11-2014), Omeprazole, and Gabapentin. The diagnostic studies to date have included an MRI of the cervical spine on 08-05-2015, which showed previous spinal fusion surgery at C5-6, spasm, and multi-level posterior disc bulge and protrusion; and a urine drug screen on 03-17-2015. The comprehensive orthopedic re-evaluation report dated 08-25-2015 indicates that the injured worker complained of mild neck pain, mild bilateral wrist pain, mild right elbow pain, moderate low back pain, moderate right knee pain, and severe left knee pain. It was noted that the injured worker was not in therapy, and was not working. He was retired from his job. It was also noted that the injured worker ran out of his medications. He took Flexeril three times a day, Gabapentin four times a day, Xanax 1mg at bedtime, and Xanax 0.25mg for anxiety. The physical examination showed stiffness of his cervical spine; decreased bilateral shoulder range of motion; and bilateral shoulder pain. An x-ray of the cervical spine showed C5-6 fusion, and a halo around the inferior screws, indicating some loosening of the screws at C6. The treatment plan included a renewal of his medications,

and ongoing home health care. The treating physician indicates that the home health care would help the injured worker do household chores (cooking, cleaning, shopping, and doing outside cleaning of his yard), which he was unable to do. The treating physician also noted that due to the severe pain and the use of narcotics, and limited physical ability in the postoperative period, it was essential that the injured worker had home health care for 15 hours a week, and this would be ongoing, permanent assistance. The injured worker would be temporarily totally disabled for six weeks according to the treating physician. The treating physician requested home health care 15 hours per week indefinitely, Xanax 1mg #30, Xanax 0.25mg #300, and Flexeril 7.5mg #60. On 09-30-2015, Utilization Review (UR) non-certified the request for home health care 15 hours per week indefinitely, Xanax 1mg #30, Xanax 0.25mg #300, and Flexeril 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 15 hours per week indefinitely: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health 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 Chapter (Chronic): Home health services.

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS) guidelines recommend home health services only "for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. 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." The Official Disability Guidelines (ODG) recommends home health services for patients who are homebound, whose condition is such that they would otherwise require inpatient care, and they require: "(1) Skilled care by a licensed medical professional for tasks including, but not limited to, administration of intravenous drugs, dressing changes, occupational therapy, physical therapy, and speech-language pathology services; with or without additionally requiring. (2) Personal care services for tasks and assistance with activities of daily living that do not require skills of a medical professional, such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with administration of oral medications; and-or (3) domestic care services such as shopping, cleaning, and laundry that the individual is no longer capable of performing due to the illness or injury that may also be medically necessary in addition to skilled and-or personal care services." There is lack of documentation of the injured worker being homebound or his condition is such that they would otherwise require inpatient care. There is lack of documentation of the injured worker requiring skilled care by a licensed medical professional, and-or personal care services, and-or domestic care services as described above. The requested treatment: Home health care 15 hours per week indefinitely is not medically necessary.

Xanax 1mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication. Also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective and functional improvement. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Xanax 0.25mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication. Also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective and functional improvement. Medical necessity of the requested medication has not been established. The requested treatment: Xanax 0.25mg #300 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment: Flexeril 7.5mg #60 is not medically necessary.