

<b>Case Number:</b>	CM15-0020306		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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

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 57 year old female, who sustained an industrial injury on July 20, 2010. She has reported chronic low back pain with associated lower extremity pain. The diagnoses have included lumbar degenerative disc disease with radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of low back pain with pain radiating into the bilateral lower extremities. The injured worker reported an industrial injury in 2010, resulting in the above described pain. She tried conservative therapies and required surgical intervention of the lumbar spine. On July 28, 2014, evaluation revealed continued pain, depression and anxiety. On August 5, 2014, evaluation revealed abdominal pain, nausea and hard stools. She reported running out of the prescribed proton pump inhibitor. On October 21, 2014, evaluation revealed continued pain. Medications were renewed and she received pain injections. She reported requiring Oxycontin daily to remain functional. It was noted she tried to decrease the dose at an earlier date but had severe breakthrough pain. On January 23, 2015, Utilization Review non-certified a request for home assistance 4 hours per week for daily chores, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 3, 2025, the injured worker submitted an application for IMR for review of requested home assistance 4 hours per week for daily chores and Ambien 100mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 100mg #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, Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zolpidem (Ambien)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Ambien 100 mg was requested. Per FDA guidelines, Ambien is available as a 10 mg tablet, not a 100 mg tablet. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien 100 mg # 30 is not medically necessary.

**Home assistance 4 hours per week for daily chores:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page 51.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include home health aides. Home health aides are not considered medical treatment, and are not recommended. Home health services are recommended only for medical treatment for patients who are homebound. Home health services are recommended only for medical treatment. Medical records indicate that the patient is ambulatory, and not homebound. MTUS guidelines state that home health services are recommended only for medical treatment for patients who are homebound. Home assistance for daily chores was requested. MTUS does not support the medical necessity of homemaker services like shopping, cleaning, and laundry. MTUS does not support the medical necessity of personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include home health aides. The request for home assistance for daily chores is not supported by MTUS guidelines. Therefore, the request for home assistance for daily chores is not medically necessary.

