

Case Number:	CM14-0118512		
Date Assigned:	09/16/2014	Date of Injury:	12/01/1999
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 192 pages provided for this review. The application for independent medical review was signed on July 23, 2014. The issue was home care assistance six hours a day four days a week indefinitely. There was also non certification of Robaxin 750 mg number 120. Per the records provided, this claimant suffered an injury back in the year 1999. The diagnoses were lumbar region, thoracic or lumbosacral neuritis or radiculitis and pain in the hip region. There was no specific medical indication for the home health assistance or rationale as to why it was needed. There was no documentation that the patient was homebound and that the family was not able to assist with daily activity of living and personal care. There were multiple handwritten notes. The most recent was from June 6, 2014 indicating there was continued low back pain with associated right greater than left lower extremity radiating symptoms. There were increased symptoms with lifting, bending, stooping and sitting. The patient uses an assistive device with a cane and Walker. The patient continues with treatment including ice and the use of an EMS unit. The patient cannot tolerate exercise. She was scheduled for surgery on June 9, 2014. There was diminished sensation right greater than left at the L5 dermatome and a positive straight leg raise bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance six (6) hours a day, times four (x4) days a week, indefinitely: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 OF 127.

Decision rationale: Regarding home health care services, the evidence-based guides note that is 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. This claimant appears to need it for non-medical services and activities of daily living. However, the guide specifically notes that 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. (CMS, 2004). As presented in the records, the evidence-based MTUS criteria for home health services evaluation would not be supported and was appropriately non-certified. Therefore, Home care assistance six (6) hours a day, times four (x4) days a week, indefinitely is not medically necessary.

Robaxin 750mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 65 OF 127.

Decision rationale: Methocarbamol (Robaxin): The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request for Robaxin 750mg #120 is not medically necessary.