

<b>Case Number:</b>	CM14-0140657		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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:

This is a 26-year-old female with a 2/17/11 date of injury. The mechanism of injury occurred when she was struck by a truck. According to a progress report dated 7/28/14, the patient was 4 weeks status post L4-S1 Transforaminal Lumbar Interbody Fusion. She complained of tightness in her posterior thighs into the calves. She had numbness in the bilateral buttocks and numbness in the top of the feet. The provider has requested home health 4 hours a day, 7 days a week as the patient continues to have difficulty with dressing, preparing meals, cleaning, and going shopping. Objective findings: patient presented in a wheelchair, no palpable tenderness of the paravertebral muscles, sacroiliac joints, sciatic notches, over the flanks, nor over the coccyx. Diagnostic impression: cervical strain, L3-S1 stenosis and disc degeneration, bilateral lumbar radiculopathy in an L5 and S1 distribution with weakness. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 8/7/14 denied the requests for home health, Hydroxyzine, Morphine, and Oxycodone. Regarding home health, there is no indication that services are needed beyond self-care that would require the expertise of specialized personnel. Regarding Hydroxyzine, there is no indication of anxiety or any rationale for the prescription of this medication. It appears that the patient had been taking this medication pre-operatively and there is no indication of an end-of-treatment plan or the specific benefit from this medication. Regarding Morphine and Oxycodone, it is not clear if the patient is receiving prescriptions from 2 physicians. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health for 4 hours per day for 7 days a week RETRO 7/31/2014 - 08/25/2014:** 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 Page(s): 51.

**Decision rationale:** CA MTUS states that 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. There is no documentation that the patient is homebound. In addition, the provider is requesting home health as the patient continues to have difficulty with dressing, preparing meals, cleaning, and going shopping. There is no documentation that home health services are being requested for medical treatment. 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. Therefore, the request for Home Health for 4 hours per day for 7 days a week RETRO 7/31/2014 - 8/25/2014 was not medically necessary.

**Hydroxyzine HCL 25mg x 6 weeks:** 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 chapter)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Atarax)

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Atarax is indicated for symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested; and is useful in the management of pruritus due to allergic conditions such as chronic urticaria and atopic and contact dermatoses, and in histamine-mediated pruritus. The effectiveness of hydroxyzine as an antianxiety agent for long term use, that is more than 4 months, has not been assessed by systematic clinical studies. There is no documentation that the patient has any symptoms nor diagnoses of anxiety. In addition, there is no documentation that the patient has an allergic condition. It is unclear why the patient is taking Hydroxyzine. Therefore, the request for Hydroxyzine HCL 25mg x 6 weeks was not medically necessary.

**Morphine 15mg x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the patient is also taking Oxycodone. Guidelines do not support the concurrent use of 2 short-acting opioid analgesics. Therefore, the request for Morphine 15mg x 6 weeks was not medically necessary.

**Oxycodone 10mg x6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the patient is also taking Morphine. Guidelines do not support the concurrent use of 2 short-acting opioid analgesics. Therefore, the request for Oxycodone 10mg x 6 weeks was not medically necessary.