

<b>Case Number:</b>	CM14-0162383		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/30/2005
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 31-year-old male with a 1/30/05 date of injury. At the time (8/19/14) of request for authorization for 1 prescription of Ativan 1mg #60 and 1 course of home health assistance 3 times a week, 6 hours per day, there is documentation of subjective (low back pain) and objective (spasms noted, decrease range of motion with pain, positive bilateral Lasegue's test, positive bilateral straight leg raising test, and decreased sensation at L4-L5 level) findings, current diagnoses (symptomatic lumbar spine hardware and chronic low back pain), and treatment to date (medications (including ongoing treatment with Ativan since at least 1/28/14), home exercise program, and physical therapy). Medical report identifies that medications increase function and help decrease pain. Regarding Ativan, there is no documentation of short-term (up to 4 weeks) treatment. Regarding home health, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Ativan 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of symptomatic lumbar spine hardware and chronic low back pain. In addition, there is documentation of ongoing treatment with Ativan. Furthermore, given documentation that Ativan increases function and helps decrease pain, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ativan use to date. However, given documentation of ongoing treatment with Ativan since at least 1/28/14 and a prescription for Ativan 1mg #60, there is no documentation of short-term (up to 4 weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Ativan 1mg #60 is not medically necessary.

**1 course of home health assistance 3 times a week, 6 hours per day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of symptomatic lumbar spine hardware and chronic low back pain. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for 1 course of home health assistance 3 times a week, 6 hours per day is not medically necessary.