MAXIMUS Federal Services

Case Number:	CM14-0165862		
Date Assigned:	10/10/2014	Date of Injury:	11/07/2007
Decision Date:	11/12/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/08/2014

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:

The claimant was injured on 11/07/07. Diazepam and in-home housekeeping for 35 hours per week for an unknown length of time are under review. The claimant has a history of lumbosacral spondylosis. On 03/04/13, she had a complex orthopedic evaluation for lumbar spine injury. She had low back pain that radiates down her lower extremities. She was injured while lifting and twisting. She is status post 2 epidural steroid injections and had acupuncture in the past. She was seen for an evaluation for permanent placement of a dorsal column stimulation stimulator. She underwent implantation on 04/09/13. She was taking Percocet, diazepam, clonazepam, trazodone, Cymbalta, Flexeril, and metformin on 04/18/13 when she was evaluated. She developed an infection at the surgical site and was evaluated on 04/19/13. She was to be admitted to the hospital. She had a surgical wound. She underwent removal of the stimulator on 04/20/13. She was admitted on 05/18/13 and discharged on 05/19/13. Her symptoms were chronic but worsening. She was on a fairly high dose of pain medication at that time. She has had extensive care. On 06/16/14, she saw [redacted]. She was awaiting acupuncture and supplies for a transcutaneous electrical nerve stimulation (TENS) unit. She was also awaiting aqua therapy. She had generalized pain to palpation. She also has a history of avascular necrosis of both hips. She remained on multiple medications. On 06/19/14, Robaxin, trazodone, Gralise, Cymbalta, Flexeril, metformin, Naprosyn, BuSpar, Protonix, and Lidoderm patches were ordered. She has a diagnosis of postlaminectomy syndrome. [redacted] stated on 06/30/14 that she had completed narcotic detox. She has been treated by [redacted], a psychiatrist. Her medications were not being approved. [redacted] stated on 07/10/14 that 40 hours per week in-home caretaking had not been approved. Her pain was very severe and she had high anxiety due to extreme pain. She had herniated 9 discs in one accident during the course of her employment. She was unable to do any work. She was being treated for major depressive disorder and sleep

disorder. On 09/09/14, her medications included cyclobenzaprine, Cymbalta, diazepam, Gralise, naproxen, pantoprazole, Robaxin, and trazodone. She was completely dependent on her family to get chores done around the house. She does have family support in her life. Her muscle strength, gait, and muscle tone were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Diazepam 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The history and documentation do not objectively support the request for diazepam 10mg #30. The MTUS state "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The MTUS further state "Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." In this case, the claimant has been taking diazepam for what appears to have been a prolonged period of time, but the indications for its use and her pattern of use are not described. The specific benefit she receives from the use of this medication is unknown. There are no measurable objectives or functional improvements noted in the file that appear to be due to the ongoing use of this medication. The medical necessity of the continued use of diazepam 10mg has not been clearly demonstrated.

Unknown weeks of 35 hours per week in-home housekeeping: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 84.

Decision rationale: The history and documentation do not objectively support the request for a home health assistant 35 hours per week for an unknown duration. The MTUS state home health

services may be "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. 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." In this case, the specific indication for home health services has not been described and none can be ascertained from the records. The claimant has help from her family and there is no evidence of worsening such that this type of assistance is needed. Also, the MTUS do not support home health care that does not require skilled nursing or other clinical care. There is no evidence that the claimant is homebound and she has good strength and a normal gait. It is not clear from the records why this type of assistance is needed. The medical necessity of this request for home health assistance has not been clearly demonstrated.