

Case Number:	CM13-0047556		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2004
Decision Date:	05/27/2015	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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: Emergency 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 11/16/04. The diagnoses have included lumbar radiculopathy status post fusion with residual and failed back syndrome, depression, insomnia, right knee pain, and status post motor vehicle accident and back strain. Treatment to date has included medications, activity modifications, bracing, surgery and home exercise program (HEP). Currently, as per the physician progress note dated 8/6/13, the injured worker reports that her symptoms have worsened over the last month to six weeks. She reports falling a few times because of leg spasms and lost her balance. She states that the pain medication does help but not very well and she has difficulty with activities of daily living (ADL). The injured worker reports low back pain with radiation to the bilateral lower extremities (BLE), right hip pain, depression, knee pain and sleep difficulty. She reports the pain level was 6/10 on pain scale with medication and without medication 10/10. The physical exam revealed depressed mood, moderate lumbar spasm decreased range of motion and positive straight leg raise on the right. There was decreased sensation in the right lower extremity. The physician requested treatments included Home Care to assist with housework due to lower back pain (unspecified time) and Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care to assist with housework due to lower back pain (unspecified time): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home-health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As per MTUS chronic pain guidelines, home health aid/services may be recommended for medical treatment in patients who are bed or home bound. However, the requesting physician has failed to provide documentation to support being home bound and in need for a home health aide. The request is for services is expressly defined as "homemaker service" which is expressly not the services that home health services is for. Home Care is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Patient has been on this chronically and the number of tablets are not consistent with plan for weaning. Carisoprodol is not medically necessary.