

<b>Case Number:</b>	CM14-0216083		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	09/12/2001
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: Preventive Medicine, Occupational 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 64 year old female with a date of injury of September 12, 2001. Results of the injury include low back pain, leg pain, and neck pain. Diagnosis include status post multiple lumbar fusions, chronic neck pain, post op pulmonary blood clots, loss of bowel and bladder control since last surgery, psuedo L2-3, intractable low back pain, and status post C4-7 fusion. Treatment included medications and in home care services. Magnetic Resonance Imaging scan of the cervical spine dated April 3, 2014 degenerative Grade 1 anterolisthesis on C7 on T1. C6-C7 there was a mild diffuse disc herniation that caused moderate stenosis of the spinal canal. there is an associated stenosis of the bilateral lateral recess with contact on the bilateral C7 transiting nerve roots. There is moderate bilateral uncovertebral joint degenerative change. Disc material and uncovertebral joint degenerative change cause stenosis of the bilateral neural foramen that contact the bilateral C7 existing nerve roots. Disc measurements; Neutral: 3.9 MM; Flexion: 2.2 mm; Extension: 2.2 mm. Progress note dated December 2, 2014 revealed lumbar spine with spasm. Range of motion was limited and painful. Straight leg raise was positive at 45 degrees bilaterally. Pain was noted at L4-S1 bilaterally. Disability status was noted as temporary total disability. Treatment plan was for medications, screening urinalysis, and in home care services. Utilization Review forms dated December 16, 2014 modified Ativan 1 mg # 30 according to MTUS guideline recommendations. In home health care 2 hours/day x 2 x/ weeks for for weeks and Acyclovir 200 mg # 30 were non certified due to noncompliance with MTUS and <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT000817/?report=details> guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acyclovir 200MG, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine, <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0070067/>, Summary of Relevant Recommendations on the use of Acyclovir

**Decision rationale:** Acyclovir is an antiviral medication used to treat the herpes simplex virus. The MTUS and the Official Disability Guidelines are silent on the use of acyclovir and a worker's comp setting. The US National Library of Medicine was consulted. Initial episode or intermittent therapy: 200 mg orally every 4 hours (5 times a day) for 10 days. Alternatively, the US Centers for Disease Control and Prevention (CDC) recommends 400 mg orally 3 times a day or 200 mg orally 5 times a day for 7 to 10 days. In this case however, there is no documentation of a viral infection and no indication for the use of acyclovir. Acyclovir 200MG, #30 is not medically necessary.

**Ativan 1MG, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): Page 24.

**Decision rationale:** Lorazepam is a benzodiazepine. The MTUS states that 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. The patient has been taking lorazepam for an extended period of time. Ativan 1MG, #30 is not medically necessary.

**In-Home Health Care 2 Hours/Day X 2 X/Week for 4 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Home Health Services

**Decision rationale:** The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. 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. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Home health services are not medically necessary. In-Home Health Care 2 Hours/Day X 2 X/Week for 4 Weeks is not medically necessary.