

<b>Case Number:</b>	CM13-0011899		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	03/09/2001
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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 IMR application shows the dispute is with the 7/30/13 UR decision for use of Valium, OxyContin, and Lidoderm patches. The UR letter is by [REDACTED] and is based on the 7/1/13 medical report from [REDACTED]. The 7/1/13 medical report from [REDACTED] was not provided for this IMR review. According to the available records, the patient is a 72-year-old female with a 3/09/2001 industrial injury to her lower back. She recently underwent T11-12 and T12-L1 interbody fusion by lateral approach on 3/27/13. This was complicated with pneumothorax and hospitalization for 12 days. The 6/25/13 report from [REDACTED] states the patient has a non-functioning spinal cord stimulator (SCS) that she is unable to use for pain control. The SCS was placed on 10/17/11. [REDACTED] states she has been successful in reducing her OxyContin from 20mg twice a day to once a day, and reduced Valium 10mg from 4x/day to 2x/day. However, the 7/23/13 report from [REDACTED] states the patient is back to taking OxyContin 20mg twice a day, and has been using Valium up to 4x/day. The 2/19/13 report from [REDACTED] notes the patient continues to use the Lidoderm patches, Valium and OxyContin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 24.

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

**Decision rationale:** MTUS does not recommend the use of benzodiazepines such as Valium for over 4 weeks. The reporting from [REDACTED] shows the patient has been using Valium since 2/19/13. The continued use of Valium over 4 weeks is not in accordance with MTUS recommendations.

**Oxycontin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, and Section on Long-term Opioid Use Page(s): 8-9; 88-89.

**Decision rationale:** MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There are progress reports from [REDACTED] dated 2/19/13, 5/28/13, 6/25/13 and 7/23/13, but there is no reporting on efficacy of the medications. The documentation does not support a satisfactory response and there is no mention of improved pain, improved function, or improved quality of life with the use of OxyContin. MTUS does not recommend continuing treatment if there is not a satisfactory response.

**Lidoderm Patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Â® (lidocaine patch), Section on Topical Analgesics Page(s): 56-57;111-1130.

**Decision rationale:** MTUS states Lidoderm patches are not first-line therapy. MTUS states these are indicated for neuropathic pain after there has been a trial of first-line therapy TCA, SNRI or an AED. The available reporting does not document neuropathic pain, nor does it mention a trial of any first-line therapy. There was also no reporting of pain levels compared to baseline and no evidence that the Lidoderm patches helped reduce pain, or that they improved function or quality of life. Based on the available information, the use of Lidoderm patches does not appear to be in accordance with MTUS guidelines.