

<b>Case Number:</b>	CM13-0017910		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/20/2010
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 patient is a female with a date of injury of 12/20/10. A utilization review determination dated 8/16/13 recommends non-certification of a TENS unit, Lidocaine ointment, and Lorazepam. A progress report dated 7/19/13 identifies subjective complaints including back pain. 4 sessions of acupuncture and 2 sessions of PT were completed. She was unable to get Gabapentin. Pain on that day was noted to be mostly in the neck radiating to the bilateral lower extremities. The objective examination findings identify diminished upper extremity strength and cervical ROM with tenderness at trapezius and paraspinal cervical regions. The diagnoses include anxiety reaction, insomnia, PTSD, cervicalgia, LBP, and spasm of muscle. An addendum notes a treatment plan recommending referral to psychiatry, TENS unit as conservative management has failed, sertraline/Zoloft, Gabapentin, additional massage therapy, metoprolol, Lidocaine ointment for topical use to control chronic pain via non-sedating/non-addictive means, and Lorazepam to treat anxiety related to PTSD and work injury sustained.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-117.

**Decision rationale:** Regarding the request for TENS unit, California MTUS supports a one-month trial of TENS when there is pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit has been submitted. They also cite that rental would be preferred over purchase during this trial. Within the documentation available for review, there is no documentation of a treatment plan including specific short-term and long-term goals. Additionally, the request is not documented to be for a one-month rental of TENS for the purpose of a trial. In light of the above issues, the currently requested TENS unit is not medically necessary.

**Lidocaine ointment 5%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Section Page(s): 112.

**Decision rationale:** Regarding the request for Lidocaine ointment, California MTUS cites that topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). They also note that, with the exception of a dermal patch, no commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Within the documentation available for review, there is no documentation of localized peripheral pain and failure of first-line therapy. Furthermore, the current request is not for a dermal Lidocaine patch. In light of the above issues, the currently requested Lidocaine ointment is not medically necessary.

**Lorazepam 0.5mg #30:** Upheld

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

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

**Decision rationale:** Regarding the request for Lorazepam, California MTUS cites 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... Chronic benzodiazepines are the treatment of choice in very few conditions... A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is documentation that the medication is being utilized for long-term management. In light of the above issues, the currently requested Lorazepam is not medically necessary.

