

<b>Case Number:</b>	CM13-0022154		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	09/13/2009
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Diseases and is licensed to practice in Texas. 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 48 year old female who reported an injury on 09/13/2009. Her diagnoses include chronic thoracic spine sprain, SLAP lesion, left shoulder, impingement syndrome, right shoulder, right supraspinatus/infraspinatus teninosis, bilateral shoulder sprain, lumbar spine sprain, and lumbar radiculopathy. She was also noted to have anxiety and sleep apnea. Her symptoms include neck and low back pain. Objective findings include pain with range of motion of the cervical spine, palpable spasm over the trapezius muscle, tenderness to palpation over the cervical paraspinal muscles, decreased range of motion of the lumbar spine, positive straight leg raise test, and decreased sensation over the L4-S1 dermatomes. The patient's medications were noted as Vicodin and lorazepam. At her 04/18/2013 appointment, [REDACTED] noted a plan to discontinue Vicodin and start Lidoderm patches due to liver compromise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria for Use Page(s): 77-80.

**Decision rationale:** California MTUS Guidelines recommend opioids at the lowest possible dose, in order to improve pain and function for patients who meet the criteria and in which the appropriate documentation has been established. The most recent clinic note provided stated that Vicodin was to be discontinued in favor of Lidoderm patches due to liver concerns. The request for Vicodin is not supported as the clinical information submitted indicates that the patient should no longer be taking this medication. The request for Vicodin 5/500mg is not medically necessary and appropriate.

**The request for Lidoderm patches:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines recommended topical lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy, such as a tri-cyclic or SNRI anti-depressants or an anticonvulsant drug such as gabapentin or Lyrica. The patient was noted to specifically have localized peripheral pain which would be an indication for a Lidoderm patch. However, it was not noted that the patient had tried and failed a first-line drug as noted. Therefore, the use of Lidoderm patches is not supported by guidelines. The request for Lidoderm patches is not medically necessary and appropriate.

**Ativan 1mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to California MTUS Guidelines, benzodiazepines are not recommended for long-term use, greater than 4 weeks, because long-term efficacy is unproven and there is a risk of dependence. There was no documentation submitted of exceptional factors that would allow for use of Ativan greater than the recommended 4 week limit provided by the guidelines. The request for Ativan is not medically necessary and appropriate.