

Case Number:	CM13-0025871		
Date Assigned:	11/20/2013	Date of Injury:	11/12/2000
Decision Date:	01/16/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/18/2013

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, has a subspecialty in Pulmonary Disease, 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 41-year-old male with a reported date of injury on 11/12/00. The patient presented with right knee pain, constant severe low back pain, shooting pain extending down both lower extremities, cramps of his thighs and calves, posterior thigh and calf numbness and tingling, painful range of motion, decreased range of motion in the knee, give-way weakness in all the muscles in the bilateral lower extremities, 1+ ankle reflexes, and a positive supine bilateral straight leg raise. The patient had 2+ patellar reflexes, axial loading was negative at the shoulders, and seated straight leg raising was negative for leg symptoms and back pain bilaterally. The patient had diagnoses of failed back syndrome, urinary retention and mild incontinence of stool, right knee degenerative joint disease, dental abnormalities, significant underlying psychological condition, and a history of pancreatitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

one prescription of MS Contin 30mg: 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): 78.

Decision rationale: The California MTUS guidelines note 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; a more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Within the provided documentation it appeared the patient had been utilizing the medication since at least 7/2/13. The guidelines recommend use of benzodiazepines for short-term use as there is a risk of dependency; the patient was previously treated for illicit drug use with a rehabilitation program. Additionally, within the provided documentation the requesting physician did not include adequate documentation of significant efficacy of the medication. Therefore, the request is neither medically necessary nor appropriate.

one prescription of Xanax 1 mg, #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: The California MTUS guidelines note 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; a more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Per the provided documentation it appeared the patient had been utilizing the medication since at least 10/8/12. The guidelines do not recommend long-term use of benzodiazepines as there is a risk of dependence. Additionally, within the provided documentation the requesting physician did not include adequate documentation of significant efficacy of the medication. Therefore, the request is neither medically necessary nor appropriate.

one prescription of Valium 10 mg: 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: The California MTUS guidelines note 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; a more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Within the provided documentation it appeared the patient had been utilizing the medication since at least 7/2/13. The guidelines recommend use of benzodiazepines for short-term use as there is a risk of dependency; the patient was previously treated for illicit drug use with a rehabilitation program. Additionally, within the provided documentation the requesting physician did not include adequate documentation of significant efficacy of the medication. Therefore, the request is neither medically necessary nor appropriate.

one prescription of Terocin lotion, 4oz: 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): 111-112.

Decision rationale: Terocin lotion is comprised of capsaicin, Lidocaine, menthol, and methyl salicylate. The California MTUS guidelines state that any compounded product that contains at least one drug or drug class that is not recommended in and of itself cannot be recommended as a compounded whole. The California MTUS Guidelines note that topical salicylate is significantly better than placebo in chronic pain. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain, only as an option in patients who have not responded to or are intolerant of other treatments. The guidelines recommend the use of Lidocaine 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Within the provided documentation it did not appear the patient had been intolerant of other treatments or had not responded to other treatments. Additionally, topical lidocaine is not recommended in other forms besides the dermal patch. Within the provided documentation, it did not appear the patient had a diagnosis of osteoarthritis, postherpetic neuralgia, diabetic neuropathy, or post mastectomy pain that would indicate the patient's need for the medication at this time. Therefore, the request is neither medically necessary nor appropriate.