

Case Number:	CM13-0036056		
Date Assigned:	12/13/2013	Date of Injury:	11/03/1998
Decision Date:	03/07/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/18/2013

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, 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:

This is a 50-year-old male with date of injury November 3, 1998. At the time of injury, he was he was carrying approximately 60 pounds of carpet on his back when his client repositioned the carpet on his back. The patient became unbalanced, fell back, and suffered a back injury. He suffered from lumbar radiculopathy and lumbar degenerative disc disease. The patient has seen [REDACTED] since April 25, 2013 for his condition. On August 1, 2013, [REDACTED] requested Valium 5mg to be used prior to ESI lumbar support. She also requested Lidoderm patches and lumbar back support. The patient's other medicines include Lyrica, Butrans, and Tramadol. The patient also had a TENS unit and he used it continuously. He also had an epidural injection in September 2011 and had a very good response. The patient is currently on disability because of chronic lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Lidoderm patches 5%: Upheld

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

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

Decision rationale: Lidocaine is recommended for localized, peripheral neuropathic pain after there has been evidence of a trial of first-line therapy such as tricyclic antidepressants, SNRI antidepressants, or antiepileptics. Topical lidocaine in the form of a dermal patch (Lidoderm) has been designated as orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. The MTUS Chronic Pain Guidelines note that demonstration of functional improvement is necessary to justify continuing any treatment. Records indicate that the patient had tried Lidoderm patches in the past, but has not diminished reliance on medical treatment. There is also no indication of functional improvement. Therefore, the request is noncertified.

Valium 5mg: Overturned

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

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

Decision rationale: Benzodiazepines such as Valium are not recommended for long-term use as efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks as tolerance to hypnotic effects develops rapidly, and tolerance to anxiolytic effects occurs within months. Long-term use may increase anxiety. In this case, Valium was requested for one-time use only - prior to the requested epidural steroid injection. Therefore, the request is certified.

lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The MTUS/ACOEM guidelines note that lumbar supports do not have any lasting benefit beyond the acute phase of symptom relief. The medical records indicate that the patient is over 15 years removed from the date of injury. As the request comes in the chronic stage of treatment, it cannot be supported. The request is noncertified.