

Case Number:	CM13-0043377		
Date Assigned:	12/27/2013	Date of Injury:	04/22/2003
Decision Date:	04/25/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 expert 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 66-year-old female patient with a date of injury of 04/22/2003. The mechanism of injury was that the patient missed a step and fell down a flight of steps while at work. As a result of the injury, the patient has reportedly undergone extensive evaluation and treatment. The MRI of the lumbar spine performed on 05/20/2008 revealed multilevel degenerative disc disease with mild central canal stenosis at L4-5 and moderate right L3-4 foraminal narrowing. Other treatments consisted of epidural steroid injections, treatment with a TENS unit, Neurontin and Tramadol. The patient has also been treated with Zanaflex, Lidoderm patches, and Ativan since at least 2010. Also, the patient has undergone bilateral lumbar medial branch blocks at L3, L4, Final Determination Letter for IMR Case Number CM13-0043377 3 and L5. A repeat MRI of the lumbar spine on 09/21/2010 showed no significant change from the prior MRI. An EMG and nerve conduction study was reportedly normal. The patient reportedly complained of pain in the right hip, x-rays of the right hip were taken and reportedly no abnormalities were noted. A request was submitted for Ativan 1mg #60, Zanaflex 4mg #90 and Lidoderm patch #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATIVAN 1 MG #60: Upheld

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

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

Decision rationale: The CA MTUS Guidelines state 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. The request for the Ativan 1 mg #60 is non-certified. The documentation submitted for review failed to provide the effectiveness of the medication. The CA MTUS Guidelines do not recommend long term use of the medication and limits its use to 4 weeks. The patient has been on this medication since at least 2010 which exceeds guideline recommendations. Also, the request as submitted failed to provide the frequency in which the medication was to be taken. As such, the request is non-certified.

ZANAFLEX 4 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: The CA MTUS Guidelines states Zanaflex® (generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines further state muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation submitted for review revealed the patient reported an improvement in her pain and improvement in her ability to perform activities of daily living; however, did not indicate the medication was being prescribed for an exacerbation of pain given the patient has been utilizing this medication since at least 2010 which does not meet guideline indications for this medication. Also, the request as submitted failed to provide the frequency in which this medication is to be utilized. As such, the request is non-certified.

LIDODERM PATCH #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The CA MTUS Guidelines state Lidoderm® is the brand name for a lidocaine patch produced by ██████████. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend

this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. The clinical information provided indicated that the patient has been using the medication on a long term basis and has experienced an improvement in pain and functional ability with the use of this medication. However, the request as submitted failed to indicate the frequency of the application of the patch to determine necessity. Also, the patient is currently taking Neurontin and Cymbalta and there is a lack of documentation indicating failure of these medications to support failure of these first line medications and meet guideline criteria. Given the above, the request is non-certified.