

Case Number:	CM14-0003120		
Date Assigned:	01/29/2014	Date of Injury:	09/12/2005
Decision Date:	06/16/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 and Rehabilitation 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:

The patient is a 45 year old female who sustained an injury on 09/12/05 while lifting a sheet of acrylic. The patient developed pain in the right low back. The patient was status post L4-5 total disc replacement performed in June of 2008. Following this procedure, the patient continued to be followed for ongoing chronic low back pain. As of 10/25/13, the patient's medications were noted to include Ambien, Lidoderm patches, Zanaflex, Norco, Neurontin, Omeprazole, Venlafaxine, and Lorazepam. The patient reported her symptoms being well controlled with pain medications. The patient described mid low back pain radiating to the left lower extremity rating 5/10 on the VAS. The patient did describe tingling, numbness, and weakness in the lower extremities, left side worse than right. On physical examination, there was limited range of motion in the lumbar spine. There was reduced sensation to pin prick and temperature in a left L4 through S1 distribution. Reflexes were 2+ and symmetric in the lower extremities. Straight leg raise testing did reproduce radicular symptoms to the left at 45 degrees. Follow up on 01/10/14 reported continuing symptoms that were relatively unchanged at 6/10 on the VAS. The patient reported her symptoms were mildly alleviated with medications. The patient reported requiring Norco constantly to control pain. Physical examination findings were unchanged at this visit. Lidoderm Patches 5 percent as directed #30 for 30 days, refills: 2, Zanaflex Capsule 4 Mg #30 1 Cap Orally As Needed For 30 Days, And Lorazepam Tablet 0.5mg #90 1 tab orally 2-3 times daily for 30 days have been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5 PERCENT AS DIRECTED #30 FOR 30 DAYS, REFILLS: 2:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: In regards to the use of Lidoderm patches 5%, quantity 30 with 2 refills, this reviewer would have recommended this medication as medically necessary based on the clinical documentation submitted for review as well as current evidence based guidelines. The patient has been followed for ongoing complaints of radicular pain in the lower extremities stemming from a prior total disc arthroplasty performed in 2008. The patient did report that the use of this medication was beneficial in regards to lower extremity symptoms. The patient had limited benefits from the use of Gabapentin. Lidoderm patches are a recommended option in the treatment of neuropathic pain that has failed other medications indicated for the treatment of neuropathic pain such as Gabapentin. Given the benefits obtained with this medication, this reviewer would have recommended this medication as medically necessary.

ZANAFLEX CAPSULE 4 MG #30 1 CAP ORALLY AS NEEDED FOR 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE (ZANAFLEX) Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: In regards to the use of Zanaflex 4mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication.

LORAZEPAM TABLET 0.5MG #90 1 TAB ORALLY 2-3 TIMES DAILY FOR 30 DAYS:
Upheld

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

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

Decision rationale: In regards to the use of lorazepam .5mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review did not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this reviewer would not have recommended continued use of this medication