

Case Number:	CM14-0100401		
Date Assigned:	07/30/2014	Date of Injury:	04/03/2000
Decision Date:	09/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 & Rehabilitation 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 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 injured worker is a 59-year-old female who reported an injury on 04/03/2000 from an unspecified cause of injury. The injured worker had a history of lower back pain to shoulders and multiple joints with diagnoses of radiculopathy to the lumbosacral area, lumbar spondylitis, fibromyalgia, and degenerative joint disease/arthritis to the lower leg and knee. Her past treatment was not provided, there was no diagnostics for review and no surgical history available. Per the clinical notes dated 12/17/2013, the physical evaluation to the lumbar spine revealed pain noted over the lumbar intervertebral space disc on palpable switch positive trigger points were noted in the lumbar paraspineous muscle, and antalgic gait. The examination also revealed lumbar flexion and extension within normal limits. The request for authorization dated 08/13/2014 was submitted with documentation. The medications included Lidoderm 5%, Ambien CR 12.5%, Effexor XL 37.5 mg, Neurontin 300 mg, Percocet 10/325 mg, Voltaren 1% topical gel, and Xanax 0.5 mg, with a reported pain of 9/10 using the Visual Analog Scale(VAS). The treatment plan included current medications and follow up office visit. The request for authorization was not submitted. No rationale for the Lidoderm patch or Xanax provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% # 180: Upheld

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

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

Decision rationale: The Lidoderm patch 5% #180 is medically not necessary. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per the guidelines, Lidoderm is recommended for localized peripheral pain after there has been evidence of a first trial of first-line therapy. It is only approved for postherpetic neuralgia. The documentation was not evident per the pain scale that the Lidoderm patch was effective. The request did not address the frequency. As such, the request is medically not necessary.

Xanax 0.5 mg. # 90: Upheld

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

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

Decision rationale: The request for Xanax 0.5 mg #90 is medically not necessary. Per the California MTUS Guidelines says benzodiazepines are not recommended for long term use because of the long term efficacy is unproven and there is a risk of dependence. Most guidelines limit to a use of 4 weeks. The range of action includes sedatives, hypnotics, anxiolytic, anticonvulsants, and muscle relaxants. Tolerance to hypnotic effects develop rapidly. A more appropriate treatment for anxiety disorders is an antidepressant. Tolerance to anticonvulsants and muscle relaxants effects occur within a few weeks. Per the clinical notes provided the injured worker was prescribed Xanax on 12/17/2013 and unable to determine the amount of time the injured worker had been taking the Xanax, per the guidelines it recommends 4 weeks. The request did not address the frequency. As such, the request is medically not necessary.