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| <b>Case Number:</b>   | CM14-0105690 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 03/01/2008 |
| <b>Decision Date:</b> | 09/19/2014   | <b>UR Denial Date:</b>       | 06/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/08/2014 |

### 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, has a subspecialty in Pain 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 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 43-year-old female that reported an injury on 03/01/2008. The mechanism of injury was not provided for clinical review. The diagnoses include bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic right C7 radiculopathy, bilateral ulnar neuritis/neuropathy, right cervical disc protrusion, cervical stenosis, cervical sprain/strain, lumbar sprain/strain, repetitive upper extremity injury, right shoulder rotator cuff bursitis and impingement. Previous treatments included medication, epidural steroid injections, medial branch blocks. Within the clinical note dated 06/10/2014, it was reported the injured worker complained of lower neck pain. The injured worker reported having an epidural steroid injection which helped reported 80% improvement of her neck and right upper extremity radicular pain. Upon the physical examination, the provider noted the upper extremity range of motion was restricted by pain in all directions. The provider indicated there was tenderness to palpation of the bilateral medial elbows at cubital tunnel. The injured worker had a positive Tinel's, right worse than left. The provider noted the injured worker had tenderness to palpation of the lumbar spine. The provider requested Lidoderm patch and temazepam. However, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #1:** 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 Topical NSAID's Page(s): 111-112.

**Decision rationale:** The request for Lidoderm patch #1 is not medically necessary. The California MTUS Guidelines note topical NSAIDS are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amiable. Topical NSAIDS are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 12/2013 which exceeds the guidelines recommendation of short term use. The request submitted failed to provide the treatment site. The request submitted failed to provide the frequency. Therefore, the request is not medically necessary.

**Temazepam 30 mg #30 with 0 refills:** 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 request for temazepam 30 mg #30 is not medically necessary. The California MTUS Guidelines do not recommend temazepam for long term use due to its long term efficacy being unproven and there is risk of dependence. The guidelines also recommend the limited use of temazepam to 4 weeks. The injured worker had been utilizing the medication since at least 12/2013, which exceeds the guidelines recommendations of short term use. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.