

<b>Case Number:</b>	CM14-0012264		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/01/2002
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Occupational 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 patient is a 70-year-old female who has submitted a claim for chronic pain syndrome, post laminectomy syndrome, and depression; associated with an industrial injury date of 07/01/2002. Medical records from 01/29/2013 to 03/03/2014 were reviewed and showed that patient complained of constant sharp low back pain, graded 4/10. Pain is aggravated by prolonged sitting and walking, and relieved by medication. Patient reports that medications are doing a reasonable job in controlling her pain. Physical examination showed tenderness over the sacroiliac joint. Range of motion was normal. DTRs are decreased in the upper and lower extremities bilaterally. Motor testing was normal. Sensation was intact. Treatment to date has included medications, spinal injections, spinal cord stimulator, and 6 lumbar surgeries. Utilization review, dated 01/03/2014, deemed the requests for Percocet, Lorazepam, and Lidoderm patch not medically necessary. Reasons for the determination were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78.

**Decision rationale:** The patient is a 70-year-old female who has submitted a claim for chronic pain syndrome, post laminectomy syndrome, and depression; associated with an industrial injury date of 07/01/2002. Medical records from 01/29/2013 to 03/03/2014 were reviewed and showed that patient complained of constant sharp low back pain, graded 4/10. Pain is aggravated by prolonged sitting and walking, and relieved by medication. Patient reports that medications are doing a reasonable job in controlling her pain. Physical examination showed tenderness over the sacroiliac joint. Range of motion was normal. DTRs are decreased in the upper and lower extremities bilaterally. Motor testing was normal. Sensation was intact. Treatment to date has included medications, spinal injections, spinal cord stimulator, and 6 lumbar surgeries. Utilization review, dated 01/03/2014, denied the requests for Percocet, Lorazepam, and Lidoderm patch. Reasons for denial were not made available.

**LORAZEPAM 1MG #60 REFILL- 1:** Upheld

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

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

**Decision rationale:** As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to their effects develop with long-term use. Long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. In this case, patient has been prescribed Lorazepam since at least January 2013. However, the medical records submitted for review did not indicate the rationale for lorazepam. Also, there was no evidence of functional improvement derived from its use. Guidelines do not support its long-term use. Therefore, the request for LORAZEPAM 1MG #60 REFILL- 1 is not medically necessary.

**LIDODERM 5% TOPICAL 1 PATCH #30, REFILL-3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

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

**Decision rationale:** As stated on pages 56 to 57 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or AEDs such as gabapentin or Lyrica). Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the patient has been previously treated with gabapentin. She has been prescribed Lidoderm patch since at least June

2013; however, medical records do not show objective evidence of functional benefit derived from its use. Therefore, the request for LIDODERM 5% TOPICAL 1 PATCH #30, REFILL-3 is not medically necessary.