

Case Number:	CM14-0121689		
Date Assigned:	08/06/2014	Date of Injury:	01/06/1998
Decision Date:	09/29/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/01/2014

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 Nevada. 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 records, presented for review, indicate that this 47-year-old female was reportedly injured on January 6, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 2, 2014, indicated that there were ongoing complaints of low back pain and left leg pain. Current medications included Percocet, Celebrex, and Lidoderm patches. The physical examination demonstrated an antalgic gait with use of a single point cane. There was tenderness over the lumbar spine paraspinal muscles from L3 to S1 with spasms and trigger points. There was decreased lumbar spine range of motion and a positive left-sided straight leg raise test at 30. Neurological examination noted decreased sensation at the left L5 and S1 dermatomes and decreased strength with the anterior tibia and extensor hallucis longus muscles rated at 4/5. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a transforaminal epidural steroid injection at L4-L5 and L5-S1, a left hip total hip arthroplasty, and physical therapy. A request had been made for diazepam and Lidoderm patches and was not certified in the pre-authorization process on July 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112 of 127.

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, the injured employee is not stated to have failed treatment with these first-line medications. As such, the request for Lidoderm patches is not medically necessary.

Diazepam 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: Valium (diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a 2nd line agent for the treatment of acute, severe, muscle spasms. This medication and all benzodiazepines have a relatively high abuse potential. The most recent progress note described this medication and does not indicate that the injured employee has been diagnosed with an anxiety or panic disorder. As such, this request for diazepam 5 mg is not medically necessary.