

Case Number:	CM14-0167881		
Date Assigned:	10/15/2014	Date of Injury:	08/10/1988
Decision Date:	11/21/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/13/2014

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 American Board of Internal 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 (IW) is a 67-year-old woman with a date of injury of August 10, 1988. The mechanism of injury was not provided in the medical record. There were 2 progress notes in the record to review. Pursuant to the progress note dated July 14, 2014, the documentation states that the IW was using medications as expected; demonstrating fair analgesia and no negative side effects. She has been unsuccessful in reducing medications. Daily function is preserved. There is no aberrant prescribing behavior. Her urinary drug test has been consistent with her program. There were no subjective complaints documented. Objective findings reveals moderate generalized tenderness in the lumbar area, mild generalized tenderness in the sacral, coccygeal, and pelvic areas. Movement is mildly restricted in all directions. Normal stability. Normal strength and tone. Range of motion in all planes is full and painless. Right and left shoulder revealed normal exams. Neurologic exam is normal. Gait is intact. Romberg's test is normal. She does not use assistive devices. Diagnoses include: Chronic pain syndrome, osteoarthritis localized primarily in lower leg, disc degeneration lumbar lumbosacral, and disc disorder lumbar region. Medications documented in the July 14, 2014 progress note include: Percocet 10/325mg, Kadian 100mg, Diazepam 10mg. Treatment plan includes: Return for follow-up in 1 month. Pursuant to the urine drug screen dated July 15, 2014, The IW reported taking the following medications: Amitriptyline, diazepam, Fexofenadine, Fosamax, Glucosamine Chondroitin, Lidoderm patch, Septra, Climara, Calcium, Vitamin d, Ibuprofen, Kadian, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Diazepam 10mg - 1 PO b.i.d. #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urgent Valium 10 mg one PO BID #60 is not medically necessary. The guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit used to four weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxing. Tolerance develops to the hypnotic effects rapidly. In this case, the documentation does not reflect the duration for which the injured worker was taking diazepam (Valium). As noted above long-term use is not supported in most guidelines limit used to four weeks. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, urgent Valium 10 mg one by mouth twice per day #60 is not medically necessary.

Urgent Lidoderm patch - 1 patch for 12 hours on and off #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Visibility Guidelines, urgent Lidoderm patch, one patch for 12 hours on and off #30. Topical analgesics are largely experimental with few randomized trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine is indicated for localized peripheral pain after there has been evidence of the trial of first-line therapy (tricyclics or AED). Lidoderm is not a first-line and is only FDA approved for post-herpetic neuralgia. In this case, the medical records did not show first-line treatment had been tried and failed to support the use of the Lidoderm patch. The injured worker did not have post-herpetic neuralgia (an indication). Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, urgent Lidoderm patch, one patch for 12 hours on and off, #30 is not medically necessary.

Urgent Amitriptyline 25mg - 3 tab PO at bedtime #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter, antidepressants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, and with urgent amitriptyline 25 mg three tablets PO at bedtime #90 are not medically necessary. The guidelines state antidepressants are recommended as a first line option for neuropathic pain and possibly for non-neuropathic pain. They are considered a first-line treatment unless they are ineffective, poorly tolerated or contraindicated. Analgesia generally occurs within a few days to a week. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration and psychological assessment. In this case, there were two progress notes present in the medical record. The records, however, submitted for review failed to include documentation of first-line therapy, how long the therapy continued, that the injured worker tried and failed amitriptyline use to support the subsequent use of the Lidoderm patch. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, urgent amitriptyline 25 mg three tablets by mouth bedtime #90 are not medically necessary.