

<b>Case Number:</b>	CM14-0021650		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	07/22/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in 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 Physician 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 54 year old female who reported an injury on 07/22/2010. The mechanism of injury was reported as a fall. The diagnoses included ulnar nerve entrapment at the elbow, anxiety, chronic pain, shoulder pain, continuous tremor, and reflex sympathetic dystrophy of the upper limb. According to the 12/04/2013 clinical note, the injured worker reported bilateral upper extremity pain rated 8/10 and associated weakness. Examination of the cervical spine noted tenderness and tightness over the right trapezius, limited range of motion, and a mildly positive Spurling's. Examination of the upper extremities noted tenderness with allodynia and hypersensitivity to touch over the right shoulder, elbow, and wrist. Inflammation and severe tenderness to palpation noted over the bilateral cubital tunnels, left greater than right. The current medications included Naproxen, Neurontin, Lidoderm, Valium, Prozac, and Norco. The provider added Temazepam 15mg for pain induced insomnia. According to the 03/26/2014 clinical note, the injured worker reported bilateral upper extremity pain rated 9/10. Physical exam findings were unchanged. The injured worker's medication regimen included Naproxen, Neurontin, Lidoderm, Valium, Prozac, and Norco. The provider noted to continue all medications. The request for authorization form for Lidoderm patches, Norco, and Temazepam was submitted on 12/06/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5% PATCHES #90 WITH THREE REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Lidoderm 5% patches #90 with three refills is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical lidocaine 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. The medical records provided indicate an ongoing prescription for Lidoderm patches since at least 12/04/2013. There is a lack of documentation regarding the failure of first line therapy. The efficacy of the patches is also unclear. The medical necessity for continued use of of Lidoderm was not established. As such, the request is not medically necessary.

**NORCO 10/325MG #120 WITH THREE REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The request for Norco 10/325mg #120 with three refills is not medically necessary. Regarding opioid management, the California MTUS guidelines indicate there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker reported that with rest, activity restriction, and chronic pain medications the injured worker can get pain as low as 4/10 briefly, but that pain ranges from 4-9/10 daily. The medical records provided indicate an ongoing prescription for Norco since at least 12/04/2013. There is a lack of documentation regarding significant pain relief or functional improvement, appropriate medication use, and side effects to determine the necessity of continued use. As such, the request is not medically necessary.

**TEMAZEPAM 30MG #30 WITH THREE REFILLS:** 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:** The request for Temazepam 30mg #30 with three refills is not medically necessary. The California MTUS guidelines indicate that 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. The medical records provided indicate an ongoing prescription for Temazepam since at least 12/04/2013. It was prescribed for the injured worker's pain induced insomnia. Since the guidelines do not support long-term use of benzodiazepines, the continued use of Temazepam is not supported. In addition, there is a lack of documentation regarding improvement in sleep with the use of Temazepam. As such, the request is not medically necessary.