

Case Number:	CM14-0022390		
Date Assigned:	05/09/2014	Date of Injury:	04/19/2011
Decision Date:	08/05/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/21/2014

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:

This is a 60-year-old male with a 4/19/11 date of injury. He described that his injury occurred when he was lifting a tailgate of a trailer. In a 12/17/13 progress note, the patient complained of low back pain that continued to be constant and rated it as a 5-6/10 on a pain scale of 0-10. The pain is associated with spasm and occasionally sharp pain. He still had some leg radiating pain and leg numbness. The objective findings include: antalgic gait, lower extremity range of motion is within functional limits, tenderness to palpation across his low back and gluteal region. The diagnostic impression includes: Lumbar back pain, Cervicalgia, Lumbar disc degeneration, myofascial pain syndrome, and Chronic pain syndrome. The treatment to date includes: medication management, and activity modification. A utilization review decision dated 1/30/14, modified the request for Diazepam from 90 tablets to 45 tablets for weaning purposes. The guidelines do not recommend benzodiazepines for long-term use. No exceptional factors were noted in the documentation submitted to consider this request as an outlier to the guidelines. The request for Lidoderm patches was denied. There was no current documentation of failed first-line therapy or documented functional improvement from the previous use of this topical agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 and 66.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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 four (4) weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. According to the reports reviewed, the patient has been taking Diazepam since at least 7/12/13, if not earlier. A specific rationale identifying why Diazepam would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Diazepam 5mg #90 is not medically necessary.

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pan Chapter, Lidoderm.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that 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 antiepileptic drug (AED), such as gabapentin or Lyrica). The Official Disability Guidelines state that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In the reports reviewed, there was no documentation of functional improvement or the ability to decrease the patient's oral pain medications from the use of Lidoderm. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Therefore, the request for Lidoderm Patch 5% #30 is not medically necessary.