

<b>Case Number:</b>	CM14-0023774		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/01/2002
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture 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 injured worker with date of injury 7/1/02 with related back and neck pain. Per progress report dated 1/24/14, the injured worker reported back pain located on both sides in the sacral region and buttock. The back pain was described as sharp and rated as 4/10 in intensity. She reported pain in the area of the pocket from the pulse generator of the SCS. She was status post 6 lumbar surgeries. Imaging studies were not included in the documentation submitted for review. The documentation submitted for review did not state whether physical therapy was utilized. She has been treated with surgery, and medication management. The date of UR decision was 1/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORAZEPAM 1 MG QUANTITY 60 WITH ONE REFILL:** 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:** Per California MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "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. 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." The documentation submitted for review note that this medication was in use since 12/2013 and was noted again in the latest progress report dated 1/2014. It was not specified in the documentation what this medication was prescribed for, though depression with anxiety is listed on the injured worker's problem list. Ultimately, as the medication has been in use longer than the guideline recommended 4 weeks, the request is not medically necessary.

**LIDODERM 5% TOPICAL PATCH QUANTITY 30 WITH THREE REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The medical records submitted for review do not note the presence of any neuropathic pain. As such, Lidoderm is not recommended at this time. The request is not medically necessary.