

<b>Case Number:</b>	CM14-0028631		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/26/2004
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 claimant was injured on 09/26/04. She has a diagnosis of a low back injury with spondylolisthesis, degeneration of the lumbar spine, and adjustment disorder. Medications have been denied and are under review. Her diagnoses include thoracic and lumbar strain, thoracic and lumbar bulging discs, degenerative disc disease, facet arthropathy, knee osteoarthritis, SI joint dysfunction, insomnia, and failed back syndrome with chronic pain. She has rated her pain as 5-8/10. She has been on multiple medications including OxyContin, Cymbalta, Lyrica, Relafen, Klonopin, Norco, Xanax, Ativan, and medical marijuana. On exam, her supine straight leg raise was positive on the right side. She also had an antalgic and slow gait and could not toe or heel walk. Sensation was reduced on the left side at L4 and L5 and motor strength was 4/5 from the left ankle dorsiflexion. Physical therapy and additional medications were recommended. Ativan, Lidoderm patches, and PT were denied. She saw [REDACTED] on 05/23/14. She reported neck and low back pain that was unchanged since her last visit. Her pain was 7/10 and was intermittent. It frequently increases to 9/10. She reported pain in both legs. She was taking her medications as prescribed and they were helping. She was tolerating them. She was unable to tolerate work activity. She was tolerating home exercises, TENS, psychotherapy, and was using a cane. She also was icing and using hot pads. Medications included OxyContin, Cymbalta, Relafen, Klonopin, Norco, Xanax, Nexium, Ativan, Lidoderm patch, and Lyrica. She was on multiple other medications, likely for other problems. She had a slowed gait and appeared to be depressed and fatigued. There was no evidence of intoxication or withdrawal. She was alert and oriented. She was referred to a psychiatrist. She was prescribed tizanidine, OxyContin, Norco, Cymbalta, Ativan, Lidoderm patch, Lyrica, and Vistaril. There was no change from the previous visit in April. She was prescribed the same or similar medications over the past few months.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ATIVAN 0.5MG # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES,.

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

**Decision rationale:** The history and documentation do not objectively support the request for Ativan 0.5 mg TID #90 but this medication should be weaned. The MTUS page 24 states that benzodiazepines (Alprazolam) 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. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the indication for the use of Ativan on a chronic basis has not been described and the benefit to the claimant of ongoing use is unclear. She has also been prescribed Alprazolam and at one point was taking both. The medical necessity of the use of this medication has not been demonstrated.

**PHYSICAL THERAPY 3 X 4 TO LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The history and documentation do not objectively support the request for 12 visits of PT at this time for the claimant's chronic condition. The MTUS Chronic Pain Guidelines state that physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is not clear what benefit is anticipated from a course of PT due to the chronicity of her complaints. There is no clinical information that warrants an extensive program of supervised exercise. There is no evidence that the claimant is unable to complete her rehab with an independent HEP. The medical necessity of this therapy has not been clearly demonstrated.

**LIDODERM 5 % PATCH ( 700MG/PATCH) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN - LIDODERM ( LIDOCAINE PATCH), 56-57.

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

**Decision rationale:** The history and documentation do not objectively support the request for Lidoderm patches at this time. The CA MTUS p. 113 states that topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of failure of all other first line drugs. The claimant received refills of multiple other oral medications, also, with no documentation of side effects or lack of effectiveness. The medical necessity of this request has not been clearly demonstrated.