

Case Number:	CM14-0042323		
Date Assigned:	06/30/2014	Date of Injury:	08/26/2013
Decision Date:	07/30/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/09/2014

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 Pain Management 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:

According to the records made available for review, this is a 45-year-old female with a 8/26/13 date of injury. At the time of the Decision for Lidocaine 5%, #30 and Diazepam 5mg, 30 day supply, there is documentation of subjective (cervical spine radiating to right shoulder) and objective (no tenderness to palpation of cervical spine, normal cervical spine range of motion, pain on passive range of motion of right shoulder, tenderness to palpation antero-lateral shoulder, posterior-lateral shoulder trapezius, supraspinatus, and infraspinatus, and Neer's sign positive) findings, current diagnoses (sprains and strains of shoulder and upper arm, sprains and strains of other and unspecified parts of back, thoracic spine, and sprains and strains of other and unspecified parts of back, neck), and treatment to date (medications (including ongoing treatment with lidoderm patches and diazepam with slight improvement)). Regarding Lidocaine 5%, there is no documentation of failure of a trial of first-line therapy and of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidocaine 5% use to date. Regarding Diazepam, there is no documentation of the intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of diazepam use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines Treatment in Workers Compensation, 8th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain after there has been evidence of failure of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica), as criteria necessary to support the medical necessity of a lidocaine patch. The California MTUS. Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sprains and strains of shoulder and upper arm, sprains and strains of other and unspecified parts of back, thoracic spine, and sprains and strains of other and unspecified parts of back, neck. In addition, there is documentation of neuropathic pain. However, there is no documentation of failure of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In addition, despite documentation of slight improvement with Lidoderm patches, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidocaine 5% use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine 5%, #30 is not medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine 5%, #30 is not medically necessary.

Diazepam 5mg, 30 day supply: 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 California MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. The California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sprains and strains of shoulder and upper arm, sprains and strains of other and unspecified parts of back, thoracic spine and sprains and strains of other and unspecified parts of back, neck. However, given documentation of ongoing treatment with diazepam, there is no documentation of the intention to treat over a short course (up to 4 weeks). In addition, despite documentation of slight improvement with diazepam, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications because of diazepam use to date. Therefore, based on guidelines and a review of the evidence, the request for Diazepam 5mg, 30-day supply is not medically necessary.