

Case Number:	CM14-0074494		
Date Assigned:	07/11/2014	Date of Injury:	12/06/2002
Decision Date:	08/27/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 51-year-old female who reported an injury on 12/06/2002, while assisting a student to transfer from a wheelchair, injured her neck, right shoulder and head. The injured worker's treatment history included medications, acupuncture, x-rays, surgery and injections. The injured worker was evaluated on 05/03/2014, and it was documented she complained of increased neck pain and continued to have dysesthesia and weakness of the right upper extremity. The injured worker had difficulty picking up small objects and buttoning buttons. Upon physical examination she had stable and steady gait. She had tenderness to palpation of the right deltoid and AC joint, with decreased range of motion with abduction and internal and external rotation, with pain elicited with movement in all directions. She had some mild shoulder asymmetry and some decreased range of motion of the cervical spine, also with some tenderness to palpation of the right trapezius muscle. Biceps, triceps strength remains intact. Deep tendon reflexes are 2+ bilaterally. Light touch sensation was intact. Spurling's test was negative. Medications included Oxycodone 15 mg, clonazepam 1 mg, Midrin when necessary, and promethazine 25 mg as needed, lidocaine patches and trazodone. The provider failed to indicate VAS scale measurements while the injured worker is on medications. Diagnoses included status post anterior/posterior cervical fusion, C6-C7, neck and right upper extremity pain and dysesthesia. The Request For Authorization form dated 04/23/2014 was for Klonopin 2 mg and Lidoderm 5% patches, however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2 mg #90 with 4 refills(#450): Upheld

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

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

Decision rationale: The requested is non-certified. California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines 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. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain management, physical therapy, and a home exercise regimen. Given the above, the request for Klonopin 2 mg # 90 with 4 refills (# 450) is non-certified.

Lidoderm 5% patches #60 with 4 refills (#300): 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 Page(s): 56, 57.

Decision rationale: The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm (lidocaine patch 5%) #60 with 4 refills (#300) is not medically necessary.