MAXIMUS Federal Services

Case Number:	CM14-0077759		
Date Assigned:	07/18/2014	Date of Injury:	03/01/2008
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 injured worker is a 43-year-old female with a reported date of injury on 03/01/2008. The mechanism of injury was cumulative trauma. Her diagnoses included status post fluoroscopically guided bilateral L4-5 and L5-S1 facet joint rhizotomy, bilateral lumbar facet joint pain at L4-5, L5-S1, lumbar facet joint arthropathy, chronic right C7 radiculopathy, bilateral ulnar neuropathy across the elbow, bilateral ulnar neuritis, right cervical disc protrusion, right C5-6 radiculopathy with right upper extremity weakness, cervical stenosis, cervical sprain/strain, right shoulder rotator cuff bursitis and impingement, repetitive upper extremity injury, bilateral lateral epicondylitis right was greater than the left, status post right ulnar release, lumbar sprain/strain and nonindustrial Crohn disease. Prior treatments included a cervical epidural steroid injection and a lumbar facet joint rhizotomy. The injured worker had a comprehensive examination on 04/29/2014. She complained of bilateral lower neck pain. The injured worker reported 60% improvement to her right upper extremity radiculopathy pain after receiving an epidural steroid injection. Her left low back pain was 70% improved after receiving a lumbar facet joint rhizotomy. Her pain was exacerbated by prolonged sitting, lifting, twisting, driving, lying down and any activities. The injured worker had cervical and upper extremity range of motion that was restricted by pain in all directions. There was tenderness upon palpation of the bilateral medial elbows and cubital tunnel. Her Tinel's at the medial elbows were positive. There was tenderness upon palpation to the lumbar paraspinal muscles. Her lumbar extension was worse than her lumbar flexion. Muscle strength was 5/5 in all limbs bilaterally, except for 4+/5 strength in the right wrist. Her medications consisted of omeprazole, Lidoderm patches, temazepam, Norco, Nucynta, Motrin, Vicodin, Neurontin, nortriptyline, Darvocet, Lyrica, Celexa and tizanidine. The plan of treatment was to refill the medications. The rationale for the medications was not

provided. The Request for Authorization for the Lidoderm and the temazepam was signed and dated for 04/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The injured worker had complaints of right upper extremity radiculopathy pain. She has received a series of epidural injections and a facet joint rhizotomy. The California MTUS Guidelines note 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 AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is a lack of documentation indicating the injured worker has a diagnosis of post-herpetic neuralgia, for which this medication would be indicated. The guidelines note further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Lidoderm 5% patch is not medically necessary.

Trazadone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reputake inhibitors Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: The Official Disability Guidelines note Trazadone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. Within the provided documentation the provider's rationale for the medication was not indicated. The requesting physician did not include adequate documentation demonstrating significant sleep disturbance. There is a lack of documentation indicating the medication is effective as evidences by significant improvements in sleep duration, sleep onset, and next day somnolence. Additionally, the request does not

indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the trazodone 50 mg #30 is not medically necessary.

Temazepam 30mg #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines note the use of benzodiazepines is 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. Tolerance to hypnotic effects develops rapidly. Per the provided documentation the injured worker has been prescribed this medication since at least 02/2014, which exceeds the guideline recommendations for short term use. The requesting physician did not include adequate documentation demonstrating significant sleep disturbance. There is a lack of documentation indicating the medication is effective as evidences by significant improvements in sleep duration, sleep onset, and next day somnolence. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the temazepam is not medically necessary.