

<b>Case Number:</b>	CM14-0086708		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/31/2007
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Medicine and is licensed to practice in Texas. 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 50 year old female who reported an injury to her low back. The clinical note dated 04/02/14 indicates the injured worker complaining of low back pain. There is an indication the injured worker had undergone an L5-S1 lumbar epidural steroid injection. The injured worker did report a 90% reduction in pain. However, the injured worker reported a return to baseline levels of pain thereafter. The injured worker rated the pain as 5/10 at that time. Radiating pain was identified from the low back into the posterior and lateral aspects of both legs, left greater than right. Upon exam the injured worker was able to demonstrate 4/5 strength in the lower extremities. The clinical note dated 02/19/14 indicates the injured worker utilizing Kadian, Percocet, Lyrica, Cymbalta, Valium, duexis, thermacare heat patches, and Lidoderm patches for pain relief. The urine drug screen completed on 01/16/14 revealed findings consistent with the injured worker's drug regimen. The utilization review dated 05/27/14 resulted in denials for the use of valium, Percocet, Lidoderm patches and thermacare heat patches. Insufficient information had been submitted confirming the injured worker's positive response to the use of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 ThermaCare heat patches: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Heat therapy.

**Decision rationale:** The documentation indicates the injured worker complaining of low back pain. The documentation further indicates the injured worker having previously been utilizing thermacare heat patches. However, no information was submitted for review regarding an objective functional improvement with the use of the heat patches. Without any objective data in place confirming the injured worker's positive response, this request is not medically necessary.

**30 tablets of Valium 5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Benzodiazepines 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. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. As such the request is not medically necessary.

**120 tablets of Percocet 10mg/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request is not medically necessary.

**90 patches of 5% Lidoderm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.