

<b>Case Number:</b>	CM14-0087217		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 55-year-old -female who reported an injury on 05/12/2013, due to a student's wheelchair rolling over onto her feet. The injured worker has diagnoses of lumbar radiculopathy, vitamin D deficiency, chronic pain, liver cirrhosis, history of hepatitis B, chronic nausea/vomiting, and plantar fasciitis. The injured worker has undergone lumbar epidural transforaminal steroid injections, home exercise program, therapy and medication therapy. Medications include gabapentin 600 mg 1 tablet by mouth every 6 hours, Restoril 15 mg 1 capsule by mouth at bedtime, tramadol ER 100 mg 1 tablet by mouth once a day, vitamin D 2000 unit soft gel 2 capsules once a day, hydrocodone/acetaminophen 10/325 mg 1 tablet by mouth every 6 hours, lidocaine 5% patch 1 patch 12 hours on/12 hours off, omeprazole DR 20 mg 1 capsule by mouth daily, Senokot S tablet 8.65-50 mg 1 tablet 2 times a day, Zofran 4 mg 1 tablet by mouth every 8 hours, tizanidine HCL 2 mg 1 tablet 3 times a day, Tegaderm 4X4 dressings to apply with the use of the lidocaine patch. The injured worker has undergone MRIs of the lumbosacral spine on 09/16/2003, and MRI of the right ankle on 08/06/2013, an MRI of the cervical spine 01/29/2004, and more of the lumbar spine 04/02/2007. The injured worker complained of neck pain that radiated down the bilateral upper extremities. She also complained of low back pain that radiated down the bilateral lower extremities. Lower extremity pain in the right knee and leg, bilaterally in the ankles and in the feet. The pain was aggravated by activity and walking. The injured worker rated her pain at a 6/10 with medications and a 10/10 without. Physical examination dated 07/01/2014 revealed that the injured worker had spasm at the L4 to S1. Tenderness was also noted upon palpation in the bilateral paravertebral area at L4 to S1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Straight leg raise with the injured worker in the seated position was positive bilaterally at 60 degrees. The injured worker had plantar

fascial tenderness. The treatment plan was for the injured worker to continue Restoril 15 mg and Tegaderm 4 by 4s. The rationale behind the Tegaderm 4X4s is that they were easier for the injured worker to help keep the lidocaine patches on with the Tegaderm on top of it. The Request for Authorization was submitted on 02/14/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Restoril 15mg #15:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines do not recommend Benzodiazepines (Restoril) for long-term use, 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. 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 the submitted report it is unclear as to how long the injured worker has been taking Restoril. It is not recommended for long term use due to the fact that the efficacy is unproven and there is a risk for dependence. It is also recommended that antidepressants be tried prior. There was no indication in the submitted report that any antidepressant or anti-anxiety medications had been tried and failed before. The submitted report also indicated that a prescription of tramadol, hydrocodone/acetaminophen, and lidocaine patches has also been taken by the injured worker, putting the injured worker at a high risk for overdose. Given the above, the request for Restoril is not medically necessary.

**Tegaderm 4x4-3/4 #60 (to use with lidocaine 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 Other Medical Treatment Guideline or Medical Evidence: Drugs-forum.com (Tegaderm).

**Decision rationale:** These dressings are thin clear films that completely cover the patch and adhere to the surrounding skin, mimicking it, and are designed to remain in place for several days. They are also fairly water resistant, allowing you to take that shower you've been missing for fear the patch will fall off. The submitted documentation lacked any indication that the lidocaine patches were falling off the injured worker. There was insufficient documentation

indicating the medical necessity for the Tegaderm. As such, the request for Tegaderm 4x4 is not medically necessary.