

<b>Case Number:</b>	CM14-0089556		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 patient is a 40 year old male with date of injury 2/28/10. The treating physician report dated 5/16/14 indicates that the patient presents with chronic low back and neck pain and a history of pain medication dependence. The patient is full-time status. The patient is recently requiring more medication because of a recent vasectomy reversal. The Physical Exam section of the report states, "None Recorded." The current diagnoses are: 1.Chronic pain syndrome 2. Displacement of lumbar intervertebral disc without myelopathy 3. Neck pain 4. Opioid dependence. The utilization review report dated 5/27/14 denied the request for Xanax 0.5 mg #30 based on the rationale that there is no description of anxiety or response to the medications. The guidelines do not support long-term treatment with benzodiazepines and weaning was recommended. The utilization review report dated 5/27/14 denied the request for Lidoderm 5% (700 mg patch) #30 based on the rationale that there was no clear documentation of localized cutaneous neuropathic pain syndrome. There have not been any attempts at first-line agent such as Lyrica or gabapentin. There is no description of where the patient is using the patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Benzodiazepines p. 24.

**Decision rationale:** This is a 40 year old male who presents with chronic low back and neck pain and a history of pain medication dependence. His pain score averages 3-5/10. He is using supplemental pain medication due to a recent elective non-related surgery. The current request is for Xanax 0.5 mg #30. The MTUS Guidelines do not recommend benzodiazepines for long-term use and usually limit usage to four weeks. The patient has been prescribed Xanax since at least November of 2013. Furthermore, there is no documented need for anxiety treatment as there are no complaints of anxiety and no diagnosis of anxiety. Recommendation is for not medically necessary.

**Lipoderm 5% (700mg Patch) #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Lidoderm (lidocaine patch) pages 56-57.

**Decision rationale:** This is a 40 year old male who presents with chronic low back and neck pain and a history of pain medication dependence. His pain score averages 3-5/10. He is using supplemental pain medication due to a recent elective non-related surgery. Current request is for Lidoderm 5% (700 mg patch) #30. The MTUS Guidelines state that topical Lidocaine is only FDA approved for postherpetic neuralgia, which is not a documented condition in this patient. Also MTUS Guidelines state that topical lidocaine should only be considered for localized peripheral pain when there is evidence of a trial first line of therapy such as tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. There is no evidence provided that includes a trial of any of these first line therapies and the provider has no documentation of the effects of this medication as recommended on page 60 of MTUS. The ODG guidelines clarify the usage of Lidoderm patches and state that it is indicated for peripheral, localized neuropathic pain. Recommendation is for not medically necessary.