

Case Number:	CM14-0094261		
Date Assigned:	07/25/2014	Date of Injury:	02/22/2006
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational Medicine 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 53 year-old female with a date of injury of 02/22/2006. The medical documents associated with the request for authorization; a primary treating physician's progress report dated 05/21/2014, lists subjective complaints as pain in the neck, shoulders and upper back. Objective findings: Examination of the cervical spine revealed moderately decreased range of motion in all planes secondary to pain. Motor strength was 5/5 in the bilateral upper extremities. Sensation was normal to touch, pinprick and temperature along all dermatomes in bilateral upper extremities. Patient had multiple trigger points across the trapezius, rhomboids and supraspinatus muscles that were tender to palpation (TTP) with pain radiating out from the site upon pressure. Diagnosis: 1. Lumbar disc with radiculitis 2. Degeneration of lumbar disc 3. Lumbar postlaminectomy syndrome 4. Reflex sympathetic dystrophy of lower limb. Patient is status post right L4-5 and L5-S1 hemilaminectomy. Treatment to date includes aquatic therapy, medication management, activity modification, home exercise program, psychotherapy and functional restoration program (FRP). The medical records provided for review document that the patient has been taking Diazepam and using Lidoderm patches for at least as far back as 6 months. There was insufficient information to determine the length of time the patient has been taking Cyclobenzaprine, or whether or not they were taking it before the request for authorization on 05/21/2014. Medications: 1. Lidoderm patch 5% directions (SIG): qd prn 12 hours on 2 hours off 2. Diazepam 10mg directions (SIG): bid prn and 3. Cyclobenzaprine, no directions (SIG) given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%: Upheld

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

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

Decision rationale: According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) anti-depressants or an Anti Epilepsy Drug (AED) such as Gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. The medical record has no documentation of functional improvement with use of Lidoderm patches; in addition, the request contains no directions for use or the number of patches prescribed, therefore, the request for Lidoderm Patches are not medically necessary.

Diazepam 10mg: Upheld

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

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

Decision rationale: The MTUS states that "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. 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." Therefore the request for Diazepam is not medically necessary.

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The MTUS states that "muscle relaxants are recommended with caution only on a short-term basis." The patient has been taking Diazepam for an extended period of time, therefore, the request for Cyclobenzaprine is not medically necessary.