

Case Number:	CM14-0176443		
Date Assigned:	10/29/2014	Date of Injury:	04/04/1990
Decision Date:	01/06/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 71 year old male who sustained a work place injury on 04/04/1990. The diagnoses included back pain with radiculopathy, lumbar degenerative disc disease, depression, anxiety and insomnia. The visit note from 07/11/14 was reviewed. Subjective complaints included bilateral leg pain, bilateral buttock pain, bilateral hand pain and bilateral ankle and feet pain. The pain was 4/10 at its best and 6/10 at its worst. Medications included Norco, Ibuprofen, Xanax, Ambien, Lyrica, Effexor XR, Protonix, Lidoderm and Aspirin. Pertinent examination findings included positive straight leg raising test at 40 degrees on right and 50 degrees on left, numbness in bilateral lower legs from calves to feet. The Lidoderm patches reduced the neuropathic localized sciatic pain by 75%. He was advised to continue aqua therapy and walking. The request was for Alprazolam 0.25mg and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.25mg: 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: According to MTUS, Chronic pain Medical treatment guidelines, benzodiazepines are not recommended for long term use as long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anticonvulsant and muscle relaxant effect occurs within weeks and tolerance to anxiolytic effect occurs within months. The employee had radiculopathy and anxiety. He had been on Xanax for a while and hence the request for ongoing prescription of Alprazolam is not medically necessary or appropriate.

Lidoderm 5% (Lidocaine): Overturned

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

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

Decision rationale: According to MTUS, Chronic pain Medical treatment guidelines, Lidoderm may be recommended for localized peripheral pain due to neuropathy after there has been evidence of a trial of first line therapy (antidepressants or AEDs). The medical records indicate that the employee had radiculopathy symptoms. He was being treated with Lyrica and Lidoderm. Lidoderm reduced the neuropathic localized sciatic pain by 75%. Given the ongoing pain despite Lyrica and demonstrated efficacy of Lidoderm, the use is consistent with MTUS guidelines. The request for Lidoderm 5% is medically necessary and appropriate.