

<b>Case Number:</b>	CM14-0199151		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Orthopedic Surgery 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:

This 30 year old female reported an industrial injury for May 14, 2012. Exam note September 19, 2014 demonstrates constant pain in the low back, right shoulder, right wrist and hand and right knee. The pain is rated as 10 of 10 out of ten without medication and 7/10 with medication. Exam findings included positive Phalen's test as well as positive straight leg grace testing and thermal nerve stretch bilaterally. Diagnoses include lumbar radiculopathy, right shoulder and he said capsulitis, right carpal tunnel syndrome and right knee chondromalacia patella.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1MG #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 Page(s): 24.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, "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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case the exam note from 9/19/14 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition there is no mention of prior response to this medication, increase in activity of a urine toxicology report demonstrating compliance. request is not medically necessary and appropriate.

**Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 9/19/14. The request is not medically necessary and appropriate.

**Lidoderm patches 5% #30:** Upheld

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

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case the exam note from 9/19/14 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. The request is not medically necessary and appropriate.

**One roller walker:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- knee and leg chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Knee walker.

**Decision rationale:** CA MTUS/ACOEM is silent on rolling knee walker. According to ODG, Ankle section, a rolling knee walker is recommended for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices (e.g., a patient with an injured foot who only has use of one arm). In this case the exam note from 9/19/14 does not demonstrate inability to use a standard crutch or walker. The request is not medically necessary and appropriate.