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| Case Number: | CM14-0207042 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 06/07/2009 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 46 year old female with an injury date of 06/07/09. Based on the 06/19/14 progress report, the patient complains of low back pain with sharp pains that radiate down through the medial side of her legs and into her toes. She rates her pain as a 7-8/10. The 07/15/14 report indicates that the patient has moderate to severe myospasms in the lumbar spine paravertebral muscles and the quadratus lumborum bilaterally. She uses a cane for ambulation, has a mild left antalgic gait, a minimal right antalgic gait, and rates her pain as a 6-7/10. The 10/22/14 report states that the patient has pain in her lower back and psychological/psychiatric issues. Her lower back pain is located above her waist with a constant pressure like pain with radiation of the pain to her buttocks which continues down both her legs, right greater than left. She also has numbness, tingling, weakness, and fatigue in both of her legs. She claims she loses control of her right foot at times and her right foot will drop while she walks. She has numbness in her left calf and in the two lateral toes of her left foot. She has moderate tenderness over the spinous processes mainly at the lumbosacral junction, moderate plus tenderness in the right paraspinal muscles, and moderate tenderness in the left paraspinal muscles mainly near the sacroiliac joints. There is moderate plus tenderness over the right sciatic nerve with moderate tenderness over the left sciatic nerve. The patient's diagnoses include the following: 1) Degenerative lumbar/lumbosacral disc disease 2) Displace intervertebral disc site 3) Lumbosacral spondylosis 4) Displaced lumbar intervert disc 5) Spinal stenosis lumbar region 6) Annular tear of lumbar disc 7) Sciatica 8) Depression 9) Chronic pain syndrome. The utilization review determination being challenged is dated 12/02/14. Treatment reports were provided from 04/30/14- 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #30: 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 patient presents with bilateral knee pain and low back pain which radiates to her buttocks down to both of her legs, right greater than left. The request is for Xanax 0.25 MG #30. MTUS Guidelines page 24 states, "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." The 10/22/14 report states that "recently Xanax 0.25 mg as had been recommended... [She] will continue to take Xanax." However, there is no indication of when the patient began taking this medication. Only short-term use of this medication is recommended. The reports do not discuss if Xanax is for short-term use or to address acute injury, exacerbations, and flare-up's. The requested Xanax is not medically necessary.

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches, Topical Analgesics Page(s): 56, 57, 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches.

Decision rationale: The patient presents with bilateral knee pain and low back pain which radiates to her buttocks down to both of her legs, right greater than left. The request is for Lidoderm Patch 5% #30. MTUS Guidelines page 57 states, "topical lidocaine maybe recommended for localized peripheral pain after there has been evidence in every trial of first line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). MTUS page 112 also states, "lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short term use with outcome, documenting pain and function. The treater does not indicate where these patches will be applied to or if they will be used for neuropathic pain. The patient has moderate to severe myospasms/tenderness in the lumbar spine paravertebral muscles and the quadratus lumborum bilaterally, L-S junction over the spinous processes, over the SI joint and sciatic nerve. The use

of Lidoderm patches are not indicated for low back pain and axial myospasms/tenderness. It is indicated for peripheral pain that is neuropathic and localized which this patient does not presents with. The requested Lidoderm patch is not medically necessary.