

Case Number:	CM14-0209024		
Date Assigned:	12/22/2014	Date of Injury:	01/30/2010
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, generalized anxiety disorder, and panic attacks reportedly associated with an industrial injury of January 30, 2010. In a Utilization Review Report dated November 25, 2014, the claims administrator denied a request for Lidoderm and alprazolam. An August 2, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In said August 19, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant reported issues with anxiety disorder. The attending provider suggested that the applicant followup with a psychiatric to further evaluate the same. The applicant was also asked to consult with pain management specialist for chronic low back pain. The applicant was given prescriptions for trazodone, alprazolam, Lidoderm, tramadol, and Lortab. Permanent work restrictions endorsed by a medical-legal evaluator were renewed. It did not appear that the applicant was working with said limitations in place. In an earlier note dated July 15, 2014, a TENS rental, alprazolam, Lidoderm, Desyrel, and Ultram were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% 700mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no evidence of intolerance to and/or failure of oral anticonvulsant adjuvant medications and/or oral antidepressant adjuvant medications prior to selection, introduction, and/or ongoing usage of Lidoderm patches at issue. The applicant's concurrent usage of trazodone, an antidepressant adjuvant medication, moreover, would seemingly obviate the need for the Lidoderm patches in question. Finally, the applicant had received the Lidoderm patches on several prior occasions, including in both July and August 2014. On those dates, permanent work restrictions were renewed, unchanged, from visit to visit. The applicant did not appear to be working with said permanent limitations in place. Ongoing usage of Lidoderm failed to curtail the applicant's dependence on opioid agents such as Lortab. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm patches at issue. Therefore, the request was not medically necessary.

Alprazolam 0.5mg #146: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as alprazolam may be appropriate for "brief periods" in cases of overwhelming symptoms, in this case, however, the applicant has been using alprazolam for a minimum of several months, for anxiolytic effect. Such usage is, however, incompatible with ACOEM Chapter 15, page 402. The attending provider did not furnish any compelling applicant-specific rationale, which would support the usage of alprazolam (Zanaflex) for the long-term purpose for which it is being employed here. Therefore, the request was not medically necessary.