

Case Number:	CM15-0007862		
Date Assigned:	01/26/2015	Date of Injury:	12/27/2000
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 55-year-old female who reported an injury on 12/27/2000. The mechanism of injury involved heavy lifting. The current diagnoses include acute pyelonephritis, possible recurrent abdominal hernia, lumbar radiculopathy, lumbar degenerative disc disease, postlaminectomy syndrome, status post lumbar fusion, low back pain, depression, essential tremor, sleep disorder, and neuropathic pain. The injured worker was evaluated on 11/21/2014. The injured worker reported 5/10 persistent pain. The injured worker also reported trouble falling asleep, constipation, headaches, and blurry vision. The current medication regimen includes fentanyl 25 mcg, oxycodone IR 15 mg, diazepam 5 mg, naproxen 500 mg, Amitiza 24 mcg, Lidoderm, Lamictal 200 mg, Lyrica 50 mg, and duloxetine 60 mg. Upon examination, there was full cervical range of motion, limited lumbar range of motion, positive Tinel's testing over the right wrist, moderate tenderness over the left sacroiliac joint region and left buttock, paraspinal tenderness, resting tremor in the right greater than left hand, diminished sensation in the right T8 distribution, diminished sensation in the L5 and S1 distributions bilaterally, absent ankle jerk reflexes bilaterally, decreased dorsiflexion of the left foot and toes, and tenderness over the bilateral feet, left greater than right. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Diazepam 5mg #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): 24.

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven, and there is a risk of dependence. The injured worker has continuously utilized diazepam 5 mg since at least 09/2014. There is no documentation of functional improvement. There is also no frequency listed in the request. Guidelines do not recommend long term use of benzodiazepines. Given the above, the request is not medically appropriate.

1 prescription for Oxycodone 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized oxycodone 15 mg since at least 09/2014, without any evidence of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

1 prescription for Lamictal 200mg #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): 18-22.

Decision rationale: California MTUS Guidelines state Lamictal has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and essential post stroke pain. The injured worker does not maintain any of the above mentioned diagnoses. It is also noted that the injured worker has continuously utilized the above medication without any evidence of functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

1 prescription for Lidoderm topical #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state lidocaine has been FDA approved in the formulation of a dermal patch for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. There is no indication that this injured worker has failed to respond to oral anticonvulsants or antidepressants prior to the initiation of Lidoderm. There was also no strength or frequency listed in the request. Given the above, the request is not medically appropriate.