

<b>Case Number:</b>	CM15-0009558		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/06/1986
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 66-year-old female who reported an injury on 04/06/1986 due to an unspecified mechanism of injury. On 12/17/2014, she presented for a followup evaluation regarding her work related injury. She reported decreased numbness in the left side of her head and was experiencing more pain and stiffness throughout the body with worsening low back numbness and pain. She rated her pain at a 10/10 in intensity but stated that it would be reduced to a 5/10 with the use of medications. Her medications included Celebrex 200 mg 1 tab by mouth twice a day with food, Flexeril 10 mg 1 tab by mouth twice a day as needed for spasms, gabapentin 300 mg 2 tabs by mouth twice a day, Senokot 8.6 mg 1 tab by mouth twice a day, and Lyrica 25 mg 1 by mouth at bedtime. On 12/02/2014, she presented for a followup evaluation. A physical examination showed that she had decreased range of motion in the cervical spine and decreased sensation in the left C7, C8, and T1 dermatomal distributions. There was evidence of tenderness over the bicipital cervical paraspinal musculature to palpation and tenderness over the base of the neck and skull, as well as the trapezius musculature bilaterally. Muscle strength was at 5/5 with the exception of wrist flexion, finger abduction, and thumb abduction on the right, which was a 4/5. She walked with a slow, guarded gait and was unable to heel or toe walk due to balance problems. The lumbar spine showed palpable tenderness over the midline lower lumbar spine. Range of motion was decreased and sensation was decreased in the right L5 and left S1 and L4 dermatomal distributions. Strength was a 4/5 with bilateral hip flexion, left hip abduction, bilateral knee flexion, and left knee extension. The treatment plan was for 60 tablets of buspirone HCl 10 mg with 3 refills, 30 Lidoderm 5% patches with 3 refills, 60 tablets of

bupropion SR 150 mg with 3 refills, and 30 capsules of Restoril 30 mg with 3 refills. The rationale for the request was to treat the injured worker's symptoms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **60 tablets of Buspirone HCL 10mg with 3 refills: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain.

**Decision rationale:** The Official Disability Guidelines indicate that antianxiety medications are recommended for controlling anxiety as a part of chronic pain treatment. The documentation provided does not indicate that the injured worker has symptoms of anxiety due to chronic pain to support the request. Also, documentation regarding a quantitative decrease in pain or an objective improvement in function with the use of this medication was not stated within the reports. Furthermore, the frequency of the medication was not provided within the request and 3 refills would not be supported without a re-evaluation to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.

#### **30 Lidoderm 5% patches with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The California MTUS Guidelines indicate that lidocaine is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does indicate that the injured worker is experiencing pain from a neuropathic source. However, her response to the Lidoderm patches in terms of pain relief and an objective improvement in function were not clearly documented. Also, there was no evidence that she had tried and failed recommended oral medications and 3 refills of the medication would not be supported without a re-evaluation to determine treatment success. Furthermore, the frequency of the medication was not stated within the request. As such, the request is not supported. Therefore, this request is not medically necessary.

#### **60 tablets of Bupropion SR 150mg with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13.

**Decision rationale:** The California MTUS Guidelines indicate that antidepressants are used in the treatment of neuropathic pain. The documentation provided does indicate that the injured worker is having pain from a neuropathic source. However, there was a lack of evidence showing a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, the frequency of the medication was not provided within the request and 3 refills of the medication would be supported without re-evaluating the injured worker to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.

**30 capsules of Restoril 30mg with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Pain, Insomnia treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines indicate that benzodiazepines are not recommended for long term use. There was a lack of documentation regarding the duration of use with this medication to support the request. Also, there was a lack of documentation showing evidence of a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.