

Case Number:	CM15-0146785		
Date Assigned:	08/07/2015	Date of Injury:	10/18/2006
Decision Date:	09/04/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 10-18-2006. He reported right shoulder pain while lifting a trash bag. The injured worker was diagnosed as having frozen shoulder, rotator cuff syndrome, bursitis, and thoracic outlet syndrome. Treatment to date has included diagnostics, right and left shoulder surgery in 2010 and 2011, physical therapy, injections, and medications. Currently (7-09-2015), the injured worker complains of pain in his shoulders, neck, low back, and hands. Pain was rated 7 out of 10 and was relieved by medications, ice, and transcutaneous electrical nerve stimulation unit. Associated symptoms included numbness and tingling, spasms, fatigue, swelling, locking, and weakness. He rated difficulty with activities of daily living as 7 out of 10. He rated pain interference with sleep, mood, ability to concentrate, relationships with others, and enjoyment of life as 8-9 out of 10. Current medications included Tizanidine, Valium, Norco, and Metoprolol. Exam of the neck, back, and extremities noted crepitus in the right shoulder and palpable trigger points. Motor strength was 4 out of 5 in bilateral elbow flexion. Apprehension, Hawkin's, and Speed's tests were positive on the right. Range of motion was limited in the lumbar spine and shoulders. The treatment plan included prescriptions for Lidoderm patch, Tizanidine, Valium, and Norco. A Spinal Q dynamic support vest was also recommended. His current work status was not noted. Urine toxicology was not noted. The use of Norco was noted since at least 3-2015 and the use of Tizanidine and Valium was noted since at least 5-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: 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. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason, the request is not certified.

Lidoderm 5% patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56-57,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 111-112.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the [REDACTED] for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the [REDACTED] notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only [REDACTED]-approved products

are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. There is no documentation of failure of first line neuropathic pain medications. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not certified.

Spinal Q dynamic support vest: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This patient has chronic ongoing low back complaints . Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not certified.