MAXIMUS Federal Services

Case Number:	CM15-0147625		
Date Assigned:	08/10/2015	Date of Injury:	05/05/2010
Decision Date:	09/14/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/29/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32-year-old male who sustained an industrial injury on 5-5-10. The primary treating physician progress note dated 6-30-15 indicates that the injured worker sustained a work-related fall with loss of consciousness. He was evaluated in the emergency department and reportedly diagnosed with T12 burst fracture, vertebral height loss anteriorly, retropulsion in the spinal canal resulting in narrowing of the canal. He underwent spinal fusion T10-L2. He had post-injury complications, including pleural effusion, gastropleural fistula with necrotic proximal stomach, and ruptured diaphragm. He underwent a total gastrectomy, repairs of the diaphragm, a "clean out" of thoracic empyema in the left chest, and Roux-en-Y esophageal jejunostomy and placed of feeding tube on 5-21-10. In addition to the above-noted diagnoses, he also has diagnoses of L3 paraplegia, ASIA A, neurogenic bladder, neurogenic bowel, impaired erection-ejaculation, neuropathic and musculoskeletal pain, adjustment disorder with history of depressed mood and anxiety, cognitive impairment related to head injury, incisional hernia, status-post surgical repair 6-6-12, and history of fall with sacral and pelvic pain May 2013. His treatment plan includes numerous medications, including lorazepam and Lidoderm patches, as well as a fitness regimen for pain management, use of a manual wheelchair, durable medical equipment for activities of daily living, intermittent catheterization, psychiatry evaluation, and 24 hour per day caregivers. The requested medications, lorazepam and Lidoderm, are for pain management. The primary treating physician progress note states, "medications cannot be stopped every month to await authorization". It states that the injured worker has been on the

medications for long-term and "will need" them for long-term. It also states, "These need to be continued routinely and abrupt cessation is medically unsafe".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam (Ativan) 0.5mg #30 refill 1: Upheld

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

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

Decision rationale: The claimant sustained a work injury due to a fall in June 2010 with injuries including a T12 burst fracture with spinal cord injury. He has an L3 ASIA a spinal cord injury. He continues to be treated for the residual effects of his spinal cord injury and is also being treated for anxiety and depression. When seen, physical examination findings were consistent with his reported level of injury. Ativan (lorazepam) is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Ongoing, chronic use may actually be increasing the claimant's anxiety. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

Lidocaine (Lidoderm 5% 700mg/patch #90 refills 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch), (2) Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work injury due to a fall in June 2010 with injuries including a T12 burst fracture with spinal cord injury. He has an L3 ASIA a spinal cord injury. He continues to be treated for the residual effects of his spinal cord injury and is also being treated for anxiety and depression. When seen, physical examination findings were consistent with his reported level of injury. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.