

Case Number:	CM15-0184821		
Date Assigned:	09/25/2015	Date of Injury:	12/15/1995
Decision Date:	11/02/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 60 year old male, who sustained an industrial injury on 12-15-1995. The injured worker is undergoing treatment for: chronic low back pain, lumbosacral degenerative disc disease, failed back surgery syndrome, history of lumbosacral surgery times 2, opioid dependence, depression and anxiety. On 6-23-15, he reported low back pain and that he was on day 10 out of 10 of a functional restoration program. He indicated he had difficulty moving in the mornings and rated his current pain 5 out of 10. He also reported occasional radiation of pain into the left calf and down the right leg. Physical examination revealed a normal gait, no exhibition of pain behaviors or aberrant behaviors, no perceptible difficulty sitting down or standing up from a chair and limited range of motion. On 7-21-15, he reported low back pain rated 8 out of 10 with radiation into the bilateral lower extremities. He reported taking Diazepam and that it helps with spasms with the side effect of making "him tired and then he cannot sleep". On 8-11-15, there is no discussion of the efficacy of Diazepam. Lidoderm patches are noted to be for bilateral feet and no discussion of efficacy is documented. On 8-19-15, he reported he was prescribed Diazepam 5mg two pills. He reported having had an anxiety attack and having withdrawals with a reduction of Norco. The treatment and diagnostic testing to date has included: medications, functional restoration program, breathing exercises, meditation, ice, heat, showering, emergency department treatment (5-22-15) for back pain, CURES (date unclear). Current medications are: Norco, Amitiza, Flexeril, and Fluoxetine. He is noted to have been utilizing Diazepam since at least May 2015, possibly longer. Medications have included: Norco, Amitiza, Flexeril, Fluoxetine, Lyrica, Gabapentin, Cymbalta, and Diazepam. The request for

authorization is for: Diazepam 5mg quantity 90, Lidocaine 5 percent patch 1-2 topically quantity 60. The UR dated 8-19-2015: non-certified Diazepam 5mg quantity 90 with weaning recommended so a one month supply of Valium 5mg quantity 90 is approved; and non-certified Lidocaine 5 percent patch 1-2 topically quantity 60; and approved duplicate of Triamcinolone 0.1 percent cream quantity 2 tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #90 DOS 8/12/15 DS: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Diazepam 5mg #90 DOS 8/12/15 DS: 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that benzodiazepines are 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on benzodiazepines already and the documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations and using this medication beyond the MTUS recommended 4 week time period. The request for Diazepam is not medically necessary.

Lidocaine 5% patch 1-2 topically #60 DOS 8/12/15 DS: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Lidocaine 5% patch 1-2 topically #60 DOS 8/12/15 DS: 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This 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. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons, the request for Lidocaine Patch 5% is not medically necessary.