

<b>Case Number:</b>	CM15-0188207		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/19/1995
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Arizona, California  
 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 58 year old female who sustained an industrial injury on 7-19-95. The medical records indicate that the injured worker was treated for right carpal tunnel syndrome; cervical radiculopathy; cervical spondylosis; chronic pain, lumbar and cervical; lumbar radiculopathy; degeneration of cervical intervertebral disc; high risk medication use; lumbar spondylosis. She currently (4-27-15) complains of constant, burning, achy, stinging, joint pain in the neck, upper back, lower back, left shoulder, left elbow, left wrist, left metacarpal phalangeal, left proximal interphalangeal and right distal joint. Her activity is improved with treatment. She has difficulty with arising from a chair, combing hair, concentrating, navigating stairs, dressing, overhead activities, sleeping, turning objects. Pain levels were not present. The duration of the requested medications was not present. There is decreased range of motion, joint swelling and stiffness. On physical exam of the cervical spine there was decreased range of motion, muscle spasms and tenderness; lumbosacral spine there was tenderness low back and spasms; tenderness of the right lower extremity. Treatments to date include heat with benefit; activity modification; opioids; joint brace; medications: (current) Lidoderm patch 5%, tizanidine, Cymbalta, Klonopin; status post lumbar laminectomy (11-1-11); status post carpal tunnel surgery, left (1-8-14); cervical discectomy; transforaminal lumbar interbody fusion (3 2012). The request for authorization dated 8-14-15 was for Klonopin 1 mg #30 #60; Cymbalta 60 mg #60; Lidoderm 5% patch #30. On 8-24-15 Utilization Review non-certified the requests for Klonopin 1 mg #30 #60; Cymbalta 60 mg #60; Lidoderm 5% patch #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1 mg Qty 30, at bedtime: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Anxiety medications in chronic pain.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Klonopin for several months. It was used at bed time to help with sleep. Long-term use for sleep is not indicated. Failure of behavioral options and other medications were not noted. Continued and chronic use is not medically necessary.

**Cymbalta 60 mg Qty 60, 1 cap daily: 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): Antidepressants for chronic pain.

**Decision rationale:** Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for several months. Response to medication and need was not routinely noted. The continued use is not supported by any evidence and is not medically necessary.

**Lidoderm 5% patch, Qty 30, 1 patch as needed: 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:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized

controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.