

Case Number:	CM15-0192138		
Date Assigned:	10/06/2015	Date of Injury:	10/18/2007
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/30/2015

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 60-year-old female, who sustained an industrial injury on 10-18-07. The documentation on 8-13-15 noted that the injured worker has complaints of low back and neck pain. The injured worker has chronic numbness of the right lateral foot and last 3 toes, following a right S1 (sacroiliac) distribution. The injured worker reports that the average pain without medications is an 8 out of 10 and with the medications 1 out of 10. The prescribed medications are keeping the injured worker functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. The diagnoses have included lumbago and degenerative lumbar, lumbosacral intervertebral disc. Treatment to date has included home exercise program; radiofrequency neurotomy, which contributed to decrease in her pain to the point that she, was able to remain on relatively conservative regimen of medications; vicoprofen; restoril; lidoderm patch and prilosec. Lumbar spine magnetic resonance imaging (MRI) on 3-24- 10 revealed small left posterolateral annular tear at L5-S1 (sacroiliac), better appreciated on the current study and the previously noted small posterior central annular tear at L4-L5 is no longer identified. The original utilization review (8-26-15) denied the request for restoril 30mg quantity 30 and lidoderm 5% quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg qty, 30.00: Upheld

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

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

Decision rationale: The claimant sustained a work injury in October 2007 when, while working as a Correctional Counselor, she was struck while restraining inmates. She has not undergone surgery, although a lumbar fusion has been considered. When seen, she was having low back and neck pain. She had decreased pain after radiofrequency neurotomy. She had chronic right lower extremity numbness. She was taking Xanax due to anxiety after the recent death of her brother. Medications are referenced as decreasing pain from 8/10 to 1/10. Physical examination findings included a body mass index over 27. There was lumbar tenderness with a normal neurological examination. Medications were refilled and being prescribed on a long-term basis. Restoril (temazepam) is a benzodiazepine used to treat insomnia symptoms. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. Xanax, another benzodiazepine, was also being taken for anxiety. The ongoing prescribing of Restoril is not medically necessary.

Lidoderm 5% qty 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: The claimant sustained a work injury in October 2007 when, while working as a Correctional Counselor, she was struck while restraining inmates. She has not undergone surgery, although a lumbar fusion has been considered. When seen, she was having low back and neck pain. She had decreased pain after radiofrequency neurotomy. She had chronic right lower extremity numbness. She was taking Xanax due to anxiety after the recent death of her brother. Medications are referenced as decreasing pain from 8/10 to 1/10. Physical examination findings included a body mass index over 27. There was lumbar tenderness with a normal neurological examination. Medications were refilled and being prescribed on a long-term basis. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, other topical treatments could be considered. Lidoderm is not considered medically necessary.