MAXIMUS Federal Services

Case Number:	CM15-0025035		
Date Assigned:	02/17/2015	Date of Injury:	09/18/2001
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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: Florida
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 56 year old female who sustained an industrial injury on 09/18/2001. She presented on 11/17/2014 with complaints with low back pain and left hip pain. There was pain with lumbar spine flexion. Trigger point tenderness was noted.Prior treatments include laminectomy, spinal cord stimulator, morphine pump, functional restoration program, trigger point injections and medications. Diagnoses included: Lumbar degenerative disc disease, Lumbar myofascial pain syndrome, Lumbar radiculitis, Lumbar sprain/strain, Failed back surgery syndrome. On 01/31/2015 utilization review issued a decision of non-certification of Lidoderm patch 5% # 60 2 patches on 12 hr. /off 12 hr. MTUS was cited. The request for Dilaudid 2 mg # 120 take one tablet every 4-6 hours was modified to allow for a one-month supply for the purpose of weaning and discontinuing if possible, with a reduction of medication by 10-20% per week over a weaning period of 2-3 months. MTUS was cited. The request for Klonopin 0.5 mg # 60 was non-certified. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60, 2 patches on 12hr/off 12hr.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, page(s) 56-57 Page(s): 56-57.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried (and then failed) on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lidoderm Patches are not medically necessary.

Dilaudid 2mg take #120, 1 tab every 4-6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115. Page(s): Criteria for use of opioids, page(s) 110-.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of improved functioning with this highly addictive chronic narcotic medication. Likewise, this request is not considered medically necessary.

Klonopin 0.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Clonazepam, Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page(s) 58, 100. Page(s): Benzodiazepines, page(s) 58, 100..

Decision rationale: In accordance with the California MTUS guidelines, 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." The guidelines go on to state that, "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." Likewise, this request for Klonopin is not medically necessary.