

Case Number:	CM15-0221227		
Date Assigned:	11/16/2015	Date of Injury:	05/11/2001
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/10/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 an 80-year-old female, who sustained an industrial injury on 5-11-2001. The medical records indicate that the injured worker is undergoing treatment for status post cervical spine fusion, degenerative joint disease, and balance issues. According to the progress report dated 10-2-2015, the injured worker presented with complaints of sciatica. She notes that her neck and upper back pain remain unchanged. The level of pain is not rated. The physical examination of the cervical spine reveals tense paracervical muscles and very restricted range of motion. The current medications are Tramadol, Valium (since at least 2013), Morphine, and Norco. Previous diagnostic studies include x-rays and MRI studies. Treatments to date include medication management, spinal cord stimulator, and surgical intervention. Work status is described as retired. The treatment plan included Lidocaine 5%. The original utilization review (10-20-2015) had non-certified a request for Valium and Lidocaine 5% (unknown prescriptions).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) unknown prescription of Valium: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Benzodiazepines.

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker has been prescribed this medication since 2013, which is not supported by the guidelines. Additionally, there is no evidence of a trial of antidepressants. Furthermore, there is no dosage or quantity information included with this request. The request for one (1) unknown prescription of Valium.

One (1) unknown prescription of Lidocaine 5%: Upheld

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

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

Decision rationale: Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. The request for one (1) unknown prescription of Lidocaine 5% is determined to not be medically necessary.