

Case Number:	CM14-0149122		
Date Assigned:	09/18/2014	Date of Injury:	01/18/2000
Decision Date:	10/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 55-year-old man who sustained a work-related injury on January 18, 2000. Subsequently, he developed chronic low back pain. According to the progress report dated August 21, 2014, the patient continued to experience low back pain, which is radiating to the left side near the tailbone, and associated pain in both legs, with burning pain and numbness in both great toes. He has numbness on the anterior and lateral right leg. He currently rates the pain at 10/10 and denies weakness or new numbness in the lower extremities. The patient averages 4 Norco per day with occasional addition of Percocet if pain is severe. The medications help bring the pain down from a 9/10 to 5-6/10. He has intermittent episodes of anxiety related to his pain. His most recent UDS dated April 23, 2014 did not detect any illicit drug use. His treatment also included TENS unit, chiropractic treatment, and LESI. The last LESI was done in July 16, 2012 and he reported about 60-70% pain relief. CT scan of the lumbar spine dated April 12, 2012 showed status post left lateral interbody fusion L3-4 and L4-5 and anterior lumbar interbody fusion L5-S1. His physical examination revealed moderate tenderness over the lumbar paraspinal muscles with spasms and limited range of motion. There is diminished sensation to light touch to lateral aspect of right lower leg. Decreased EHL strength on right compared to left. Deep tendon reflexes including the patellar and achilles are depressed bilaterally. Seated straight leg raise test is positive on right. Pulses intact in both lower extremities. no atrophy or edema of the extremities. The patient was diagnosed with chronic low back pain, lumbar fusion L3-4, L4-5, and L5-S1, lumbar radiculopathy, and reactive anxiety due to pain. The provider requested authorization to use Lidoderm Patches and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: Upheld

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

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

Decision rationale: According to MTUS guidelines, <<Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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>>. In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy. There is no strong evidence supporting the efficacy of Lidoderm in chronic back pain. In fact, the patient was approved for the use of oral opioids and the need for Lidoderm patch is not justified. There is no evidence of neuropathic origin of the patient pain. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.

Xanax .25mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): page 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. Although the patient was reported to have anxiety, antidepressants are more appropriate for chronic use. Therefore the use of Xanax is not medically necessary.