

Case Number:	CM14-0213427		
Date Assigned:	12/30/2014	Date of Injury:	06/14/1993
Decision Date:	02/25/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Physical Medicine & Rehabn

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 58 year old male with an injury date on 06/14/1993. Based on the 11/04/2014 progress report provided by the treating physician, the diagnoses are: 1. Sprain lumbar region. 2. Lumbago. 3. Degener lumbar/lumbago. According to this report, the patient complains of "continued with ongoing pain as before. Problems with back pain and down the leg." Patient also has "Problems with sleep due to pain." There are no positive examination findings shown in this report. The patient's work status is "restriction." The treatment plan is (1) f/u PRN; per P&S report of 2011 by prev. doc and injection of Toradol 60 mg. The patient's past treatment was not mentioned in this report. Based on 0/28/2014 report, "Patient states that his lower back is having sharp pain that travel down his legs. Patient states that his feet are going numb." The utilization review denied the request for (1) Lidocaine 5% patch, (2) Lorazepam 2 mg, (3) Oxycodone 30 mg, and (4) Clonazepam 1 mg on 11/19/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 08/22/2013 to 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section, Topical Creams Page(s): 111-113.

Decision rationale: According to the 11/04/2014 report, this patient presents with back and leg pain. Per this report, the current request is for Lidocaine 5% patch. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsions have failed. Review of the provided reports shows Lidoderm patch was first mentioned in the 11/05/2013 report. The patient has lumbar neuropathic pain but is not localized nor peripheral in nature. The treating physician does not mention that the Lidoderm patches help with the patient's pain. Furthermore, the guidelines do not support the use of Lidoderm patches for axial spinal pain. Therefore, this request is not medically necessary.

Lorazepam 2mg: 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): 24.

Decision rationale: According to the 11/04/2014 report, this patient presents with back and leg pain. Per this report, the current request is for Lorazepam 2 mg. MTUS guidelines page 24, does not recommend for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. In this case, the treating physician is requesting Lorazepam 2 mg. This medication is first documented in the 05/20/2014 report. This medication is not recommended for long term use. The treating physician does not mention that this medication is for short-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. Therefore, the request is not medically necessary.

Oxycodone 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain; Criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 11/04/2014 report, this patient presents with back and leg pain. Per this report, the current request is for Oxycodone 30 mg. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's

(activities of daily living), adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In reviewing the provided reports, the treating physician does not mention the patient's ADL's. There is no documentation of any pain assessment and no numerical scale is used describing the patient's function. There is no VAS (visual analog scale), no aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. In this case, the treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.

Clonazepam 1mg: 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): 24.

Decision rationale: According to the 11/04/2014 report, this patient presents with back and leg pain. Per this report, the current request is for Clonazepam 1 mg. MTUS guidelines page 24, does 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. Only short-term use of this medication is recommended for this medication. In this case, the treating physician is requesting Clonazepam 1 mg. This medication is not documented in the reports. Clonazepam 1 mg is not recommended for long term use and the treating physician does not mentions that this medication is for short-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. Furthermore, without knowing the prescription dosing, one cannot make the appropriate recommendation. Therefore, the request is not medically necessary.