

Case Number:	CM15-0013262		
Date Assigned:	01/30/2015	Date of Injury:	08/04/1989
Decision Date:	03/25/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/22/2015

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: Physical Medicine & Rehabilitation

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 61 year old male with an industrial injury dated 08/04/1989 with injury to the low back, neck and left shoulder. His diagnoses include shoulder joint pain, lumbago, cervical degenerative disc disease, lumbar degenerative disc disease, lumbar facet arthropathy, cervicgia, and sciatica. Recent diagnostic testing has included cervical MRI (07/25/2014) showing multilevel stenosis, and a Lumbar MRI (07/25/2014) showing multilevel disc bulging and stenosis. He has been treated with medications, cervical and lumbar epidural steroid injections, and physical therapy. In a progress note dated 12/17/2014, the treating physician reports he is mostly bedridden without medications, and complains of left thoracic pain with radiation to the left flank, neck pain, lumbar pain with radiation to bilateral hips, and left shoulder pain with decreased range of motion due to pain. The objective examination revealed positive facet stress, limited range of motion in the cervical spine, decreased sensation in the left C8 distribution, slow gait, decreased range of motion in the low back due to pain, tenderness to palpation of the lumbar region, sensory deficits in the lumbar spine, decreased range of motion of the torso, and tenderness to palpation of the thoracic spine with radiation out to the left ribs. The treating physician is requesting lorazepam and Tegaderm patches which were denied by the utilization review. On 12/26/2014, Utilization Review non-certified a prescription for lorazepam 2mg #30, noting the guideline recommendation for short term use only (up to 4 weeks) and prior review recommendation for weaning. The ODG Guidelines were cited. On 12/26/2014, Utilization Review non-certified a prescription for Tegaderm film 4x4 -3/4 #20, noting the recommendation for the use of aide in healing superficial wounds without mention of use to hold

down Fentanyl patches. Non-MTUS Guidelines were cited. On 01/22/2015, the injured worker submitted an application for IMR for review of lorazepam 2mg #30, and Tegaderm film 4x4 -3/4 #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

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

Decision rationale: This patient presents with chronic shoulder, neck and low back pain. The current request is for LORAZEPAM 2MG #30. The Utilization review states that this patient has been prescribed Lorazepam since at least 8/2013. The MTUS Guidelines page 24 states benzodiazepines are not recommended for long term use because long term efficacies are unproven and there is a risk of dependence. MTUS guidelines state on page 24 that benzodiazepines such as Xanax 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." "In this case, this patient has been utilizing Lorazepam since 2013 and the MTUS guidelines do not recommend use of Lorazepam for prolonged periods of time and state that most guidelines "limit use of this medication to 4 weeks." This request IS NOT medically necessary.

Tegaderm film 4x4-3/4 #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of North Florida, Brooks College of Health, Athletic Training/Physical Therapy Department, 1 UNF Dr, Jacksonville, FL 32224-2673, USA. jbeam@unf.edu

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 490-491.

Decision rationale: This patient presents with chronic shoulder, neck and low back pain. The current request is for TEGADERM FILM 4X4-3/4 #20. The patient reported that his Fentanyl patches are falling off and he is unknowingly scratching them off during his sleep. The

Utilization review denied the request stating that these patches are for "superficial to partial thickness wound healing". Tegaderm is a transparent medical dressing with an adhesive film frame. The Tegaderm dressing has been requested to keep the Fentanyl patches in place. There are no medical guidelines that support this product. ACOEM guidelines has the following regarding evidence based medicine on page 491. Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients. Tegaderm is an over the counter dressing. The treating physician has not provided any discussion regarding the medical necessity of Tegaderm. This request IS NOT medically necessary.