

<b>Case Number:</b>	CM15-0015817		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/19/2003
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 69 year old male, who sustained an industrial injury on 02/19/2003. He has reported left shoulder pain and low back pain. The diagnoses have included left shoulder rotator cuff syndrome, left shoulder subacromial impingement syndrome, and herniated disk lumbar spine. Treatment to date has included medications, lumbar brace, and physical therapy. Medications have included Hydrocodone, Diclofenac, Xanax, Colace, and Lidoderm patch. Currently, the injured worker complains of mild to moderate pain in his left shoulder which increases with repetitive use, numbness and tingling in both hands, and radiating pain extending to both upper extremities. The medications help to reduce his symptoms by 85%. A treating physician's progress note, dated 12/05/2014, reported objective findings to include tenderness to palpation of the left shoulder and left elbow medial epicondyle, decreased range of motion, and positive subacromial impingement sign. The plan of treatment includes continuing with medications and continuing with home exercise program. On 12/31/2014 Utilization Review noncertified a prescription for Lidoderm patches 5%, #60; and modified a prescription for Alprazolam (Xanax) 0.5 mg, #60, to Alprazolam (Xanax) 0.5 mg, #60 x 1 month supply for weaning; and a prescription for Diclofenac Sod 100 mg, #60. The CA MTUS was cited. On 01/27/2015, the injured worker submitted an application for IMR for review of Lidoderm patches 5%, #60; Alprazolam (Xanax) 0.5 mg, #60; and Diclofenac Sod 100 mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5%, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm

**Decision rationale:** This patient presents with left shoulder pain with numbness and tingling in both hands. The treater is requesting LIDODERM PATCHES 5% QUANTITY 60. The RFA dated 12/05/2014 shows a request for Lidoderm patches 5% quantity 60, 30 day supply. The patient's date of injury is from 02/19/2003 and his current work status is return to work on a trial basis with no restrictions. The MTUS guidelines page 57 states, "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 or Lyrica-." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm patches on 09/08/2014. It appears that the treater is requesting Lidoderm patches for the patients left shoulder pain. Lidoderm is indicated for patients with peripheral, localized, and neuropathic pain. The request IS NOT medically necessary

**Alprazolam (Xanax) 0.5mg, #60: Upheld**

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

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

**Decision rationale:** This patient presents with left shoulder pain with numbness and tingling in both hands. The treater is requesting ALPRAZOLAM XANAX 0.5 MG QUANTITY 60. The RFA dated 12/05/2014 shows a request for Alprazolam 0.5 mg #60 30 day supply. The patient's date of injury is from 02/19/2003 and his current work status is return to work on a trial basis with no restrictions. Alprazolam is a benzodiazepine and the MTUS Guidelines page 24 on benzodiazepine states that it is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The records show that the patient was prescribed alprazolam on 09/08/2014. In this case, the MTUS Guidelines do not support the long-term use of alprazolam. The request IS NOT medically necessary.

**Diclofenac Sod 100mg, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication medications for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient presents with left shoulder pain with numbness and tingling in both hands. The treater is requesting DICLOFENAC SODIUM 100 MG QUANTITY 60. The RFA dated 12/05/2014 shows a request for diclofenac sodium 100 mg quantity 60. The patient's date of injury is from 02/19/2003 and his current work status is return to work on a trial basis with no restrictions. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The record show that the patient was prescribed Diclofenac on 09/08/2014. The 12/05/2014 report notes medication efficacy, "Medications help to reduce his symptoms by 85%." In this case, the treater has documented benefit with Diclofenac use and the guidelines support the use of NSAIDs to reduce pain and inflammation. The request IS medically necessary.