

Case Number:	CM15-0113539		
Date Assigned:	06/19/2015	Date of Injury:	10/22/1997
Decision Date:	07/24/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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 60 year old female, who sustained an industrial injury on 10/22/97. She has reported initial complaints of right shoulder and neck injuries. The diagnoses have included cervicgia, lumbago, carpal tunnel syndrome, and epicondylitis. Treatment to date has included medications, splinting, surgery, spinal epidural, trigger shots and other modalities. Currently, as per the physician progress note dated 3/30/15, the injured worker complains of chronic neck and back pain that is worsening with more cracking and popping in the neck. She states that the medications give her adequate relief and she is able to maintain physical activity and work. She reports back pain, joint and neck pain. The physical exam reveals palpable crepitation in the neck with flexion and extension. The rotation is limited to 45 degrees in either direction and there is prominent spasm of the paravertebral muscles and trapezii bilaterally. The current medications included Norco, Piroxicam, Lidocaine patch and Alprazolam. There is no previous urine drug screen reports noted. The physician requested treatments included Alprazolam 25mg #60; Lidocaine patches 5% (700mg) #60 with 2 refills and Piroxicam 20mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (updated 4/30/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress Chapter under Benzodiazepine.

Decision rationale: The patient was injured on 10/22/98 and presents with chronic neck and upper back pain. The request is for Alprazolam 25 MG #60. There is a RFA provided for this medication; however, the date of the RFA is not provided. The patient is permanent and stationary. She has been taking this medication as early as 06/10/13. MTUS guidelines state on page 24 that benzodiazepines 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". ODG-TWC, Mental Illness & Stress Chapter under Benzodiazepine states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction.... " The patient is diagnosed with cervicalgia, lumbago, carpal tunnel syndrome, and epicondylitis. The 03/30/15 report indicates that she has limited rotation of her neck and palpable crepitation with flexion/extension. The patient has been taking alprazolam as early as 06/10/13. Only short-term use of this medication is recommended. In this case, the patient has already exceeded the 4-week limit provided by MTUS Guidelines. Therefore, the requested alprazolam is not medically necessary.

Lidocaine patches 5% (700mg) #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation ODG, Pain Chapter (updated 04/30/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Medications for chronic pain Topical analgesic Page(s): 56-57, 60, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

Decision rationale: The patient was injured on 10/22/98 and presents with chronic neck and upper back pain. The request is for Lidocaine Patches 5% (700 MG) #60 with 2 refills. There is a RFA provided for this medication; however, the date of the RFA is not provided. The patient is permanent and stationary. She has been using these patches as early as 06/10/13. MTUS chronic pain medical treatment guidelines page 57 states, Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain". In reading ODG Guidelines, it specifies the 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. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient is diagnosed with cervicalgia, lumbago, carpal tunnel syndrome, and epicondylitis. The 03/30/15 report indicates that she has limited rotation of her neck and palpable crepitation with flexion/extension. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidocaine patch is not medically necessary.

Piroxicam 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter (updated 04/30/15).

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

Decision rationale: The patient was injured on 10/22/98 and presents with chronic neck and upper back pain. The request is for Piroxicam 20 mg #30 with 2 Refills. There is a RFA provided for this medication; however, the date of the RFA is not provided. The patient is permanent and stationary. She has been taking this medication as early as 06/10/13. MTUS Chronic Pain Medical Treatment Guidelines page 22 for anti-inflammatory medications states: "Anti- inflammatories are the traditional first-line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective, nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants and chronic LBP. The patient is diagnosed with cervicalgia, lumbago, carpal tunnel syndrome, and epicondylitis. The 03/30/15 report indicates that she has limited rotation of her neck and palpable crepitation with flexion/extension. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the treater does not specifically discuss efficacy of Piroxicam on any of the reports provided. There are no discussions provided regarding any change in pain and function. Due to lack of documentation, the requested Piroxicam is not medically necessary.