

<b>Case Number:</b>	CM15-0115680		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/10/2007
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 56 year old female who sustained an industrial injury on 8/10/07. Diagnoses include lumbosacral spondylosis without myelopathy, impingement syndrome, shoulder, other depression due to general medical condition, degenerative disc disease: lumbar, and other affections of shoulder region. A primary treating physician progress report dated 4/24/15 notes the injured worker is seen in follow up for chronic low back pain. She rates her pain at 6/10, described as constant, aching and throbbing. She also complains of right shoulder pain rated at 5/10. She has a new pain in the back right calf described as constant, aching and throbbing. She notes at its worst, the pain is 8/10, on average is 6/10 and is made worse by twisting, turning, bending, increased activity and cold weather. She notes pain gets better by taking medications. Her gait is antalgic. The lumbar spine exam is negative for pain and tenderness. Range of motion of the lumbar spine is restricted. Straight leg raise is negative bilaterally. Tenderness is reported at the supraspinatus, infraspinatus, and glenohumeral joint. Rotator cuff strength testing shows 3/5 abduction on the left, 3/5 external rotation and Neer's test is positive for left shoulder impingement syndrome. There is a positive Hawkins test, supraspinatus test and apprehension on the left. Tenderness is reported at the supraspinatus muscle and infraspinatus muscle. Rotator cuff strength testing on the right shows 3/5 abduction and 3/5 on external rotation. Specific testing shows a positive right Neer's test, positive Hawkins test, positive supraspinatus test, positive apprehension on the right. Bilateral L4-L5 and L5-S1 facet joint injections done 3/10/14 rendered an overall 75% improvement in pain. She is able to improve her activity level, walking 30-45 minutes per day as compared to prior to the injections

she was able to walk 10-15 minutes per day. Home exercise program is continued. The treatment plan is for physical therapy to learn a core-strengthening program, consult regarding shoulders, x-rays of the lumbar spine, Ambien, Norco, Valium, Velafaxine, Fenoprofen, and LidoPro Ointment. Prior treatment includes Motrin, Lidoderm patch, Senokot, Naprosyn, Omeprazole, Nabutemone, Trazodone, Sentra PM, Hydrocodone, Lactulose, Ultram ER, Meloxicam, Ambien, Norco, Valium, Venlafaxine, Percocet, Nucynta, medial branch blocks left L4-L5 and L5-S1 with 60-70% relief 4/22/14, medial branch blocks right L4-L5 and L5-S1 with 80% relief 4/25/14, radiofrequency lesioning right L3, L4, L5 and S1 with 90% relief 9/16/14, radiofrequency lesioning left L3, L4, L5 and S1 with 90% relief 9/21/14, bilateral facet joint injection L4-5 and L5-S1 with 75% relief 3/10/14, psychological treatments, massage, physical therapy, and chiropractics. Work status is noted as cleared to return to usual and customary work and is permanent and stationary. A urine drug screen done 2/2/15 was consistent with opiates. The requested treatment is Valium 5 mg #15 and LidoPro Ointment 121 grams, 1 tube.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Valium 5mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

**Decision rationale:** This claimant was injured back in 2007. Diagnoses were lumbar spondylosis, shoulder impingement, depression and degenerative shoulder disease. The claimant is cleared to return to usual and customary work duties, and is permanent and stationary. Medial branch blocks gave variable relief, and a past ablation gave 90% relief. Medicines were also used. The objective benefit out of the benzodiazepine Valium is not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: 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. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary following the evidence-based guideline.

**Lidopro ointment 121g #1 tube:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

**Decision rationale:** This claimant was injured back in 2007. Diagnoses were lumbar spondylosis, shoulder impingement, depression and degenerative shoulder disease. The claimant was cleared to return to usual and customary work duties, and is permanent and stationary. Medial branch blocks gave variable relief, and a past ablation gave 90% relief. Medicines were also used. Objective functional benefit out of the medicines is not noted. LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.