

Case Number:	CM15-0120476		
Date Assigned:	07/01/2015	Date of Injury:	06/02/2011
Decision Date:	09/10/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
 Certification(s)/Specialty: Emergency 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 47 year old female, who sustained an industrial injury on June 2, 2011. She reported cumulative trauma injuries of the head, neck, and right ear. The injured worker was diagnosed as having cranial neuralgia. Diagnostic studies to date have included: electrodiagnostic studies and MRIs. Treatment to date has included physical therapy, a home exercise program, temporary total disability, work modifications, a modified headset, ergonomic evaluation at work, a steroid injection, non-steroidal anti-inflammatory injection, ice, and medications including antidepressants, anti-anxiety, atypical antipsychotic, topical analgesic, muscle relaxant, anti-epilepsy, migraine, benzodiazepine, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: November 1, 2012. Comorbid diagnoses included history of anxiety, depression, and arthritis. On May 5, 2015, the injured worker complains of intermittent right ear pain, rated 2-3/10. The physical exam revealed tenderness of the right occipital nerve. She has been back to work for two weeks and is using a headset that will be modified further. A neuropsychological evaluation is being awaited. The treatment plan includes continuing the Lidoderm gel patches topically in the right occipital nerve area and Lidoderm gel patch as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm gel patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57; 111-113.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) Chronic Pain Medical Treatment Guidelines, topical analgesics are primarily recommended for neuropathic pain and Lidoderm may be recommended localized peripheral pain when trials of antidepressants and anticonvulsants such as gabapentin or Lyrica have failed. There a lack of evidence of the injured worker having failed trials of tricyclic or serotonin-norepinephrine reuptake inhibitor antidepressants or an anticonvulsant. There was a lack of evidence to support that the injured worker has localized neuropathic pain. Therefore, the request for Lidoderm gel patch 5% is not medically necessary.

Clonazepam 25mg #30: Upheld

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

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

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, benzodiazepines are recommend for short-term use due to long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are limited to 4 weeks use by most guidelines. Benzodiazepines have sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. Chronic benzodiazepines are the treatment of choice in very few conditions. The tolerance of the hypnotic effects of benzodiazepines 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". The injured worker has been taking Clonazepam since at least November 2014, which exceeds the guideline recommendations. There was a lack of clear documentation of rationale for the use of Clonazepam. Therefore, the request for Clonazepam is not medically necessary.