

Case Number:	CM15-0177957		
Date Assigned:	10/12/2015	Date of Injury:	03/08/1995
Decision Date:	11/30/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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, New York, 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 applicant is a represented [REDACTED] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 8, 1995. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve requests for Lidoderm patches and Restoril while conditionally denying Norco. An RFA form received on August 11, 2015 and progress notes of August 7, 2015, August 4, 2015, and July 9, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On July 29, 2015, the applicant's psychiatrist noted that the applicant was receiving Norco, Neurontin, Zanaflex, and Restoril from another provider, while she was furnishing the applicant with Celexa, Ativan, and Desyrel. It was stated that the applicant had heightened symptoms of depression and anxiety at this point, superimposed on severe, incapacitating low back pain complaints. On an RFA form dated August 11, 2015, Norco, Lidoderm, and Restoril were renewed. On an associated progress note dated August 12, 2015, the applicant was described as having ongoing complaints of Norco. The applicant was using Restoril for sedative effect. No seeming discussion of medication efficacy transpired at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the August 7, 2015 office visit at issue made no mention of the applicant's having previously failed antidepressant adjuvant medication and/or anticonvulsant adjuvant medication prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines stipulate that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant reported severe, incapacitating low back pain complaints on July 29, 2015. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on a variety of other analgesic and adjuvant medications to include Norco, Neurontin, Zanaflex, etc., the treating provider reported on July 29, 2015. No seeming discussion of medication efficacy transpired on August 7, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Restoril 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Similarly, the request for Restoril, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that anxiolytics such as Restoril may be appropriate for brief periods, here, however, the request for Restoril was framed as a renewal or extension request for the same on the August 7, 2015 office visit at issue. Continued, long-standing usage of Restoril, thus, in essence, represented treatment which ran counter to the MTUS Guideline in ACOEM Chapter 15, page 402 and with page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, the attending provider did not state why he continued to furnish the applicant with Restoril for sedative and/or anxiolytic effect purposes when the applicant was receiving a second Benzodiazepine anxiolytic, Ativan, from another provider. Therefore, the request was not medically necessary.

