MAXIMUS Federal Services

Case Number:	CM15-0178152		
Date Assigned:	09/18/2015	Date of Injury:	05/09/2001
Decision Date:	10/21/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/10/2015

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 63 year old female who sustained an industrial injury on 05-09-2001. Current diagnoses include lumbar-lumbosacral disc degeneration, and lumbosacral neuritis. Previous treatments included medications, surgical interventions, and injections. The treatment plan included requests for lumbar spine MRI, and medications were refilled. Report dated 08-05- 2015 noted that the injured worker presented with complaints that included neck pain mainly in the upper extremities, and low back pain with radiation to the bilateral lower extremities. Pain level was not included. Physical examination performed on 08-05-2015 revealed tenderness of the cervical spine and decreased cervical range of motion, difficulty rising from a seated position, antalgic gait, reverse straight leg raise is positive bilaterally, decreased lower extremity sensation in the L3-4 nerve distribution. Previous diagnostic studies included urine drug screenings, nerve conduction study, and MRI of the cervical and lumbar spine. The injured worker has been prescribed Lidoderm patches since at least 02-12-2015. It is not clearly stated in the medical records how long the injured worker has been prescribed Xanax, as none of the records included a current medication list. Request for authorization dated 08-05-2015, included requests for Imitrex, Neurontin, Nexium, Xanax, Lidoderm patch, Ambien CR, Soma, Thermacare, and Vicodin. The utilization review dated 08-28-2015, non-certified the request for Lidoderm patches and modified the request for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Review indicates the request for Xanax was modified. Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family, which inhibits many of the activities of the brain, as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered for this 2001 injury. The Xanax 0.5 mg #30 with 2 refills is not medically necessary or appropriate.

Lidoderm 5% patch #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Lidoderm 5% patch #60 with 2 refills is not medically necessary or appropriate.