

<b>Case Number:</b>	CM15-0178846		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	05/12/2008
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 50 year old male, who sustained an industrial injury on 05-12-2008. The injured worker was diagnosed as having cervicothoracic strain, cervical radiculitis and lumbosacral sprain-strain. On medical records dated 08-13-2015 and 06-04-2015, subjective complaints were noted as having constant pain in lower back, occasionally radiating pain down right leg. Painful with prolonged sitting-standing. Pain was noted as 7 out of 10. Objective findings were noted as. The injured worker was noted to be disabled. The injured worker underwent a MRI of lumbar spine on 05-28-2015 which impression was noted as posterior changes from a lumbar interbody fusion at the L3, L4 and L4-L5 levels with appropriate signs for a solid interbody fusion, right laminectomy defect at the L4-L5 level, bilateral laminectomy defect at the L5-S1 level and clamps fixating the spinous process of L3 and L4 and the spinous processes of L4 and L5, L4-L5 mild to moderate right neural foraminal narrowing secondary to right posterolateral osseous ridging and L5-S1 mild bilateral neural foraminal narrowing, where there is disc desiccation. Treatment to date included medications, home exercises, TENS Unit and back support. Current medication was listed Lidoderm Patches and Valium 08-13-2015. The Utilization Review (UR) was dated 08-18-2015. A Request for Authorization was dated 08-14-2015 requested Lidoderm Patches 5% #30 and Valium 10mg #30. The UR submitted for this medical review indicated that the request for Lidoderm Patches and Valium was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5 Percent Qty 30: 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:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Location of application was not specified. The request for Lidoderm is not medically necessary.

**Valium 10 MG Qty 30: 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:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case, indication for use was not specified. Length of prior use could not be determined. The request for Valium was not substantiated and is not medically necessary.