

Case Number:	CM15-0062719		
Date Assigned:	04/08/2015	Date of Injury:	08/30/1990
Decision Date:	05/13/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/02/2015

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 66-year-old female, who sustained an industrial injury on 08/30/1990. She has reported injury to the low back. The diagnoses have included lumbar degenerative disc disease with radiculitis; status post lumbar fusion; and pseudarthrosis with sacral insufficiency fracture status post posterior revision fusion, L3 to S1. Treatment to date has included medications, diagnostics, bracing, injections, and surgical intervention. Medications have included Norco, Lidoderm patch, Soma, Requip, Temazepam, and Nexium. A progress note from the treating physician, dated 01/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain radiating into the bilateral hips; and request prescription refills. Objective findings included tenderness to the lumbar spine with twitch response to palpation of the L4-5; and decreased lumbar range of motion with pain. The treatment plan has included the request for Lidoderm 5% #60; and for Temazepam 30 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Medications for chronic pain Page(s): 56-57, 112, 60. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for LIDODERM 5% #60. The request for authorization is not provided. The patient is status-post lumbar revision extension fusion L3-S1, 07/22/14. Postoperative CT scan shows she has well-positioned hardware both with interbody cages at L3-4, L4-5, and L5-S1 and good position of the segmental hardware from L3-S1 with good position of the intrapelvic hardware. She has a loosening of the intrapelvic hardware connection to the midline segmental hardware on the left. The patient also complains of right anterior thigh pain with numbness and tingling. Patient's medications include Norco, Soma, Requip, Restoril, Temazepam, Nexium and Lidoderm patch. Per progress report dated, 03/23/15, the patient is to remain off-work. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater does not specifically discuss this medication. The patient is prescribed Lidoderm patch since at least 10/01/14. In this case, there is no documentation of how Lidoderm patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medication is used for chronic pain. Furthermore, Lidoderm patches are indicated for localized peripheral pain, which the treater does not document, and is not indicated for neck, back or knee conditions. Therefore, the request IS NOT medically necessary.

Temazepam 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

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

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for TEMAZEPAM 30MG #30. The request for authorization is not provided. The patient is status-post lumbar revision extension fusion L3-S1, 07/22/14. Postoperative CT scan shows she has well-positioned hardware both with interbody cages at L3-4, L4-5, and L5-S1 and good position of the segmental hardware from L3-S1 with good position of the intrapelvic hardware. She has a loosening of the intrapelvic hardware connection to the midline segmental

hardware on the left. The patient also complains of right anterior thigh pain with numbness and tingling. Patient's medications include Norco, Soma, Requip, Restoril, Temazepam, Nexium and Lidoderm patch. Per progress report dated, 03/23/15, the patient is to remain off-work. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Treater does not specifically discuss this medication. The patient is prescribed Temazepam from 10/01/14 to the UR date of 04/01/15, which is 6 months. However, MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. Furthermore, the request for additional Temazepam quantity 30 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.