

Case Number:	CM15-0063557		
Date Assigned:	04/09/2015	Date of Injury:	09/09/1999
Decision Date:	06/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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: Connecticut

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 59-year-old female, who sustained an industrial injury on September 9, 1999. The mechanism of injury was not provided. The injured worker was diagnosed as having cervical post laminectomy syndrome, cervical radiculopathy, depressive disorder and myalgia and myositis. Treatment and diagnostic studies to date have included diagnostic studies, surgery, medication and therapy. A progress note dated March 2, 2015 provides the injured worker complains of neck and upper extremity pain, headaches, depression, anxiety and gastritis secondary to medication. Pain is rated 5/10 with medication and 9/10 without medication. CT scan, labs and psychotherapy notes were reviewed. Physical exam notes decreased sensation to light touch and decreased range of motion (ROM) of the neck. The plan includes medication, surgical consult, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg, #60 with 2 refills: 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: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The documentation indicated the injured worker's depression and anxiety symptoms were under control with the current treatment plan. However, the objective functional improvement was not provided, nor was the rationale for 2 refills. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Alprazolam 0.5mg, #60 with 2 refills is not medically necessary.

Cyclobenzaprine 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks, and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective functional improvement with the medication. However, there was a lack of documentation of exceptional factors, as this medication is not recommended for longer than 3 weeks. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cyclobenzaprine 10mg #180 is not medically necessary.

LMX 5 5%#1 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (anesthetic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the injured worker had a

trial of first line therapy. The requested LMX was not indicated whether it was a Lidoderm patch or a different type of lidocaine patch. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for 2 refills without re-evaluation. Given the above, the request for LMX 5 5%#1 with 2 refills is not medically necessary.

Rabeprazole 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation the injured worker had signs or symptoms of dyspepsia. There was a lack of documentation indicating the injured worker was at intermediate or high risk for gastrointestinal events. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for 2 refills without re-evaluation. Given the above, the request for Rabeprazole 20mg #60 with 2 refills is not medically necessary.