

Case Number:	CM15-0066964		
Date Assigned:	04/14/2015	Date of Injury:	06/18/2001
Decision Date:	05/13/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/08/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 67-year-old male who sustained an industrial injury on 06/18/2001. The injured worker was diagnosed with lumbar radiculopathy and lumbar post-laminectomy syndrome. The injured worker underwent multiple lumbar fusions, removal of hardware and extensions prior to the injury date and the latest intervention is a L4-5 and L5-S1 fusion on July 22, 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, psychiatric support, epidural steroid injection (ESI), spinal cord stimulator (SCS) implant 2008, massage therapy and medications. According to the primary treating physician's progress report on March 12, 2015, the injured worker continues to experience increasing spasm to the left side of the lower back. Objective findings were moderate lumbosacral tenderness worse on the left side, decreased Achilles and patellar reflexes bilaterally and positive bilateral straight leg raise. Sensation and motor strength of the lower extremities was intact. Gait was slow without assistive devices. Current medications are listed as Percocet, Gabapentin, Advil, Lidoderm Patch, Wellbutrin, Bupropion and Paxil. Treatment plan consists of tapering Percocet, increasing Gabapentin as tolerated, heat for spasms, massage therapy, follow-up with spinal surgeon and psychiatrist; and the current request for Voltaren Gel, Lidoderm and Valium for spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

054569-6060 Voltaren Gel 4 gm Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

Decision rationale: According to the MTUS, Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function. Additionally, accordingly to the ODG, Voltaren gel is not recommended as a first-line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for injured workers who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to the documents available for review, there is no indication that the injured worker has had a failure of an oral NSAIDs, a contraindication to oral NSAIDS or cannot swallow solid oral dosage forms. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

000140-0004 Valium 2 mg Qty 30: Upheld

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

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

Decision rationale: According to the MTUS, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

054569-5469 Lidoderm 5% Patch Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.