

Case Number:	CM15-0079842		
Date Assigned:	04/30/2015	Date of Injury:	10/07/1992
Decision Date:	06/09/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania, Ohio, 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 76 year old male, who sustained an industrial injury on 10/7/1992. The current diagnoses are degenerative joint disease of the knee/lower leg, failed lumbar back syndrome, post laminectomy syndrome, and degenerative disc disease of the lumbar spine. According to the progress report dated 3/19/2015, the injured worker complains of chronic low back and left knee pain. The current medications are Norco, Ibuprofen, and Restoril. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, aqua therapy, and surgical intervention. The plan of care includes prescription for Restoril and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg; two QPM PRN for 30 days #60: Upheld

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

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

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. Additionally pharmacological treatment of insomnia is not recommended on an ongoing basis without specific documentation as to the cause of insomnia. For these multiple reasons, this request is not medically necessary.

Lidoderm 5% (700mg/patch) adhesive patch; one QD for 90 days #90: 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 Analgesics/Lidoderm Page(s): 112.

Decision rationale: MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.