

<b>Case Number:</b>	CM15-0092345		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	06/12/2010
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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, Indiana, New York Certification(s)/Specialty: Internal Medicine

### 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 70-year-old female, who sustained an industrial injury on 06/12/2010. According to a progress report dated 04/02/2015, the injured worker was seen in follow up of her fall with low back pain and severe spraining injury to her right hip post arthroscopy with gradual improvement. She was having upper back and neck pain and numbness down her arms and weakness down her left leg. There was a question of whether she had spinal canal stenosis with spinal cord compression. Neck MRI done last year showed some cervical canal stenosis with disc osteophytes abutting the spinal cord. There was some foraminal stenosis as well. She was referred to physical therapy or osteopathic care and had a session with hard traction when she described her upper back being pulled hard sustaining a spraining injury to her upper back with increasing upper back and left arm numbness and tingling, low back, pelvis and now left hip pain with increasing radiation and numbness down the left lower extremity. Pain was increased with minimal bending, twisting, weight bearing and she was having severe headaches. Previously, even gentle massage done carefully may have flared her. She was using Tramadol for pain. She was not able to sit or lie down. Her left lower extremity was weak and had increasing pain with weight bearing. She reported a left buttock inferior issue distal into the left lateral leg, some low and middle lumbar pain, increasing upper back, neck, periscapular and cervical occipital pain. She noted increasing numbness down her arms now worsening since the traction manipulation event. She was anxious and disappointed with her current condition. Pain was rated 8 on a scale of 1-10 and she felt she was progressively worsening since the event. Current medications included aspirin, Atorvastatin Calcium, Lorazepam, Ibuprofen, Irbesartan, Amlodipine Besylate and Hydrochlorothiazide. Diagnoses included lumbar sprain, right hip labral tear and gluteus minimus tear and joint arthritis, pelvic pain, secondary upper back, neck pain due to increasing pain and spasms in the low back, pelvis, and left hip and reduced neck

range of motion with bilateral headaches. Treatment plan included Lorazepam, Lidocaine 5% external patch, pain management consultation, x-rays of the lumbosacral spine with flexion extension views, pelvis anterior and posterior and left hip, MRI for the low back, pelvis and hip, follow-up visit with orthopedic surgeon an agreed medical examiner follow up visit as soon as possible. Currently under review is the request for Lorazepam, Lidocaine patch and lumbosacral x-rays with flexion and extension views.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lorazepam 1mg #30 with 1 refill:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lorazepam 1 mg #30 with one refill is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are lumbar sprain; right hip labral tear and gluteus minimus tear; joint arthritis; pelvic pain; secondary upper back, neck pain, headaches. The documentation shows lorazepam 1 mg was prescribed as far back as September 18, 2014. The treating provider prescribed lorazepam for sleep and spasm. Lorazepam is not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Lorazepam has been prescribed in excess of five months (September 2014 through the present). This is in excess of the recommended guidelines. There are no compelling clinical facts to support ongoing lorazepam in excess of the recommended guidelines. There is no documentation demonstrating objective optional improvement with ongoing lorazepam. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing lorazepam in excess of the recommended guidelines, Lorazepam 1 mg #30 with one refill is not medically necessary.

**Lidocaine patch #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidocaine patches #30 with three refills are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are lumbar sprain; right hip labral tear and gluteus minimus tear; joint arthritis; pelvic pain; secondary upper back, neck pain, headaches. The medical record documentation shows lidocaine patches were prescribed as far back as April 2, 2015. The documentation states lidocaine patches are being refilled on that date. There is no documentation of failed first-line treatment with antidepressants anticonvulsants documented in the medical record. Additionally, there is no documentation demonstrating objective functional improvement with ongoing Lidoderm patches. The documentation does not state what anatomical region to apply the Lidoderm patches. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Lidoderm patches with three refills and failed first-line treatment, Lidocaine patches #30 with three refills is not medically necessary.

**Lumbosacral X-rays with flexion and extension views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Radiographs.

**Decision rationale:** Pursuant to the Official Disability Guidelines, lumbosacral x-rays (flexion/extension views) is not medically necessary. Radiographs are not recommended in the absence of red flags. Lumbar spinal radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if pain is persistent for six weeks. Indications for imaging include, but are not limited to, lumbar spine trauma; uncomplicated low back pain, trauma, steroids; uncomplicated low back pain, suspicion of cancer, infection; post surgery, evaluation status of fusion; etc. In this case, the injured worker's

working diagnoses are lumbar sprain; right hip labral tear and gluteus minimus tear; joint arthritis; pelvic pain; secondary upper back, neck pain, headaches. According to a progress note dated April 2, 2015, an MRI of the lumbar spine was approved. Because of the MRI lumbar spine approval, radiographs of the lumbosacral spine are no longer clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and certification for an MRI of the lumbar spine, lumbosacral x-rays (flexion/extension views) is not medically necessary.