

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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## Independent Medical Review Final Determination Letter

3456

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0029539	<b>Date of Injury:</b>	10/04/2010
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/26/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
ALPRAZOLAM LIDODERM			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]  
[REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 4, 2010.

Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; adjuvant medications; psychotropic medications; unspecified amounts of cognitive behavioral therapy; and epidural steroid injections.

In a utilization review report of August 26, 2013, the claims administrator certified a request for Norco, long-acting morphine, trazodone, and Wellbutrin while denying request for Xanax and Lidoderm. The applicant later appealed, on September 24, 2013.

A later clinical progress note of September 3, 2013 is notable for comments that the applicant has not received his pain medications. He feels quite desperate at times and has panic attacks. He reports pain ranging from 4 to 9/10. It is stated that the applicant exhibits some weakness and reduction in bulk about the left lower extremity musculature. There is also hypersensitivity to touch noted about the left thigh. The applicant apparently does not even wish to consider surgical intervention. He is presently on Norco, morphine, Lidoderm, Xanax, Desyrel, and Wellbutrin. It is stated that the applicant's medications, mental conditions, and pain are deteriorating. He is having difficulty with sleep. It is stated that the applicant's medications are again refilled.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Alprazolam 0.5mg is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, alprazolam or Xanax is not recommended for chronic or long-term use purposes, whether for antidepressant effect, anticonvulsant effect, antispasmodic effect, or anxiolytic effect. Antidepressants, per the MTUS Chronic Pain Medical Treatment Guidelines, are a more appropriate treatment for anxiety disorder. In this case, the applicant is already using two antidepressants, trazodone and Wellbutrin, which have apparently been previously certified through utilization review process. While a limited amount of Xanax could have been supportive, the twice to thrice daily dosage proposed by the attending provider cannot be supportive, per page 24 of MTUS Chronic Pain Medical Treatment Guidelines. **The request for Alprazolam 0.5mg is not medically necessary and appropriate.**

**2. Lidoderm 3 patches to the area of pain QD is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111-113, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Lidocaine, page 112, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine or Lidoderm patches are recommended for localized peripheral pain/neuropathic pain after there has been evidence of a trial of first-line therapy such as antidepressants and/or anticonvulsants. In this case, however, it appears that the applicant is using 2 first-line atypical antidepressants, including Wellbutrin and trazodone, without any seeming difficulty, impediment, and/or impairment. In fact, the attending provider writes that these psychotropic medications have been previously successful. Thus, there is little support for ongoing usage of Lidoderm for neuropathic pain given the applicant's reportedly favorable response to oral Wellbutrin and oral trazodone. Accordingly, the original utilization review decision is upheld. **The request for Lidoderm 3 patches to the area of pain QD is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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