

Case Number:	CM13-0030110		
Date Assigned:	05/21/2014	Date of Injury:	08/14/2012
Decision Date:	07/11/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/26/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 26 year old who was injured on 8/14/2012. The diagnoses are left lateral epicondylitis, low back pain and lumbar radiculopathy. The X-Ray and MRI of the lumbar spine showed degenerative disc disease and facet arthropathy. The NCV /EMG showed right L5, S1 radiculopathy. A prior Physical Therapy was beneficial. On 8/21/2013, [REDACTED] documented subjective complains of low back pain radiating to the lower extremities and dysesthesia of the feet. The Straight Leg Raising test was negative but there was tenderness of the lumbar paraspinal area. The medications are listed as Ultram, Cymbalta and Lidoderm patch for pain. A Utilization Review determination was rendered on 8/25/2013 recommending non certification of Ultram 50mg #100, Lidoderm patch #30 and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96,111.

Decision rationale: The California MTUS guidelines addressed the use of opioids for the treatment of chronic musculoskeletal pain. Ultram is a brand of tramadol which is an analgesic that acts on both opioid and non-opioid receptors. It is associated with less opioid addictive and sedative properties than pure opioid analgesics. Tramadol is more effective for neuropathic pain than pure opioids because of the action on non-opioid receptors. The record showed that the injured worker had subjective and objective findings of neuropathic pain. There is significant pain relief and improvement in ADLs with the use of Ultram. The criteria for the use of Ultram 50mg #100 were met. The request is medically necessary.

LIDODERM PATCH #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.57, 112.

Decision rationale: The California MTUS guidelines addressed the use of topical lidocaine in the form of Lidoderm patch for the treatment of localized neuropathic pain. Lidoderm is indicated as a second-line medication for patients who have failed treatment with or cannot tolerate first-line medications such as anticonvulsant and antidepressant medications. The duration of treatment should be limited to less than 6 weeks due to decreased efficacy with prolonged use. The records indicate that the injured worker's pain is not localized but involves multiple joints and the low back. The injured worker has not failed first line medication as he is currently on Cymbalta. Lidoderm is not indicated for the treatment of joint pain. The criteria for the use of Lidoderm patch #30 were not met.

CYMBALTA: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS guidelines recommend that antidepressants can be used as first-line option for the treatment of neuropathic pain. Antidepressants are also beneficial for the treatment of non neuropathic pain with co-existing psychosomatic symptoms such as anxiety, depression and insomnia. The records indicate that the injured worker has subjective and objective findings of neuropathic pain. There was symptomatic improvement and increase in ADLs with the medication management. The criteria for the use of Cymbalta were met. The request is medically necessary.