

Case Number:	CM13-0033082		
Date Assigned:	06/06/2014	Date of Injury:	12/21/2000
Decision Date:	07/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/09/2013

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. The expert reviewer is Board Certified in Family 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 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/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:

This injured worker's date of injury is 12/21/2000. The treating physician is treating the patient for chronic low back that radiates down the left leg. In the treating physician's note dated 09/25/2013, it states the patient has severe stabbing back pain that runs down the back of the leg. She no longer works. On exam the low back reveals limited range of motion, 30 degrees of flexion and 10 degrees of extension. The patient walked with a limp on the left side. Sensation testing revealed altered sensation in the lower portion of the left leg and foot. The patient has had a surgical laminectomy at L4- L5. MRI imaging shows foraminal stenosis at L3-L4 and facet joint changes. There are two requests for medication: Tramadol and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26, Opioids for chronic pain Page(s): 80.

Decision rationale: This injured worker has chronic low back that has persisted despite a laminectomy. This condition is referred to as "failed back surgery syndrome." Opioids have not

been found to be beneficial in treating chronic low back pain long-term. There is a lifetime substance use disorder in the range of 36% to 56% and a quarter of patients so treated exhibit aberrant medication-taking behavior. Studies of patients using Tramadol show that few benefit from improvements in overall functioning. Based on the documentation in this case, Tramadol is not medically necessary.

LIDODERM 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine/Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26, Topical Analgesics, Lidocaine Page(s): 112.

Decision rationale: This injured worker has chronic low back that has persisted despite a laminectomy. This condition is referred to as "failed back surgery syndrome." Lidoderm patch, which contains Lidocaine, has FDA approval under orphan status for the treatment of neuropathic pain, typically post-herpetic neuralgia, after a trial of first-line therapy has been tried and failed. This product is not recommended for non-neuropathic pain. Therefore the request for Lidoderm is not medically necessary.