MAXIMUS Federal Services

Case Number:	CM13-0039052		
Date Assigned:	12/18/2013	Date of Injury:	11/06/2010
Decision Date:	02/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine and Rehabilitation, 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. 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 is a 52-year-old male. The request is for Lido-Pro ointment and tramadol 50mg, were denied by Utilization Review, 09/30/2013. [redacted] treating physician's report on 09/11/2013 as the patient presenting with low back pain and right knee pain at an intensity of 6 out of 10. He had a lumbar epidural steroid injection that decreased the leg symptoms by 70%, but the leg symptoms are returning. He is on tramadol 50mg twice a day that helps decrease his pain and increase his function such as cooking, cleaning, walking on her activities. Listed diagnosis of grade one spondylolisthesis at L4-L5, multiple herniated nucleus pulposus of the lumbar spine, facet arthropathy of lumbar spine, history of left clubfoot, status post right knee surgery. Recommendations include continuing medication, trial of Lido-Pro cream as a topical pain reliever to help keep his pain down without adding additional oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Lido pro topical ointment 4oz #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with chronic low back and knee pain with prior history of knee surgery. Magnetic resonance imaging (MRI) showed multilevel disk herniation and grade one spondylolisthesis at L4-L5. The treating physician has prescribed Lido-Pro topical ointment to reduce pain and to prevent too much use of oral medications. California Medical Treatment Utilization Schedule (MTUS) Guidelines, page 111, has discussion regarding topical pain products. Under lidocaine, it states that it is recommended for localized peripheral pain and that topical lidocaine in the formulation of dermal patch or Lidoderm has been designated for orphan status by the Food and Drug Administration for neuropathic pain. Per California Medical Treatment Utilization (MTUS) Guidelines, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Lido-Pro ointment is a formulation of lidocaine. California Medical Treatment Utilization Guidelines (MTUS) Guidelines do not support any other formulation of lidocaine other than dermal patch. Recommendation is for denial.

One prescription of Tramadol 50mg #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with chronic low back and hip pains with history of bilateral hip replacements with multilevel lumbar disk herniation and grade one spondylolisthesis, facet arthropathy and history of right knee surgery. The request is for tramadol 50mg which is apparently taken at two times a day. Review of the reports dating back to 01/10/2013 to 09/11/2013 shows that this patient has been on either tramadol 50mg twice a day or tramadol extended release 150mg at unknown dosing. Careful review of the reports will show that the patient started with pain level of 4/10 to 5/10 on 01/10/2013. This pain increased to a 6/10 on 04/18/2013, and as of 09/11/2013, the pain level is subjectively rated as a 6/10. In regards to use of medication, 06/13/2013 report indicates "pain decreased and function improved" with tramadol 150 mg. Similar notation noted on 06/10/2013. On 03/04/2013, the tramadol was not lasting long enough and the patient was tried on Ultram extended-release 150 mg. On following reports, 04/18/2013, there was no discussion regarding medication efficacy. Then, the reports from 06/24/2013, 08/09/2013, and 09/11/2013 all have same description of medication efficacy. It states the pain is decreased and function improved such as cooking, cleaning, walking. There was no numeric description of the patient's functioning or use of any validated instruments. California Medical Treatment Utilization Schedule (MTUS) Guidelines pg.88 have specific recommendations with documentation requirements for long term use of opioids: "Pain and functional improvement should be compared to baseline; function should be measured at 6-month intervals using a numerical scale or validated instrument." Then for outcome measures, California Medical Treatment Utilization Schedule (MTUS) Guidelines require documentation of current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Since none of this information is provided, recommendation is for denial.