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| Case Number: | CM13-0051834 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/03/2004 |
| Decision Date: | 03/17/2014 | UR Denial Date: | 11/06/2013 |
| Priority: | Standard | Application Received: | 11/15/2013 |

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 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 3, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representations; psychological counseling; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of November 6, 2013, the claims administrator denied request for tramadol and a topical compounded Lidopro cream. The applicant's attorney subsequently appealed. The attending provider also appealed on June 24, 2013, stating that topical agents were preferable to usage of oral antidepressants in this case. The note was highly template, it is further noted. Little or no applicant-specific rationale was provided. In an August 2, 2013 progress note, the applicant did receive refills of the medications in question. The applicant did report ongoing complaints of 6/10 low back, knee, and myofascial pain. The note was blurred as a result of repetitive photocopying. The applicant's work status and response to the medications in question were not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream 121gms dispensed on 10/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The Physician Reviewer's decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, lidocaine is indicated only in the treatment of neuropathic pain which has proven recalcitrant to first-line antidepressants and/or anticonvulsants. In this case, however, there is no evidence of oral antidepressant and/or anticonvulsant failure, nor does the applicant's pain appear to be neuropathic in nature. Rather, the applicant appears to have mechanical low back and knee pain. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request remains non-certified, on Independent Medical Review.

Tramadol 50mg #90 dispensed on 10/25/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The Physician Reviewer's decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of improved pain, successful return to work, and/or improved function affected as a result of ongoing opioid usage. In this case, however, the applicant does not appear to have returned to work. There is no clearly stated evidence of improved function and/or reduced pain affected as a result of ongoing opioid usage. Accordingly, the request for tramadol is not certified.