

<b>Case Number:</b>	CM13-0052722		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/08/2003
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

The injured worker is a 50-year-old female who reported an injury on 10/08/2003. The mechanism of injury was not provided. Current diagnoses include lumbar sprain, myofascial pain, insomnia, and sacroilitis. The injured worker was evaluated on 09/30/2013. The injured worker reported 7/10 lower back pain. Physical examination revealed decreased lumbar range of motion, tenderness to palpation, palpable muscle spasm, and decreased strength. Treatment recommendations included authorization for Vicodin, Lidoderm, tramadol, and TENS electrodes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/300MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** The injured worker is a 50-year-old female who reported an injury on 10/08/2003. The mechanism of injury was not provided. Current diagnoses include lumbar sprain, myofascial pain, insomnia, and sacroilitis. The injured worker was evaluated on 09/30/2013. The injured worker reported 7/10 lower back pain. Physical examination revealed

decreased lumbar range of motion, tenderness to palpation, palpable muscle spasm, and decreased strength. Treatment recommendations included authorization for Vicodin, Lidoderm, tramadol, and TENS electrodes.

**LIDODERM PATCHES 5% #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first-line therapy. There is no documentation of a failure to respond to first-line oral medication as recommended by the MTUS Chronic Pain Guidelines. There is also no frequency listed in the current request. Therefore, the request is not medically necessary and appropriate.

**TRAMADOL 50MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The current request does not include a frequency or quantity. Therefore, the request is not medically appropriate and appropriate.

**MENTHODERM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The current request is a nonspecific request that does not include the dosage, frequency, or quantity. Therefore, the request is not medically necessary and appropriate.

**TENS PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 117-121.

**Decision rationale:** The MTUS Chronic Pain Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a non-invasive conservative option. There is no documentation of how often the injured worker utilizes the TENS unit as well as outcomes in terms of pain relief and function. Therefore, ongoing treatment cannot be determined as medically appropriate. Additionally, there is no quantity listed in the current request. Therefore, the request is not medically necessary and appropriate.