

Case Number:	CM13-0055518		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2005
Decision Date:	03/25/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 has filed a claim for chronic bilateral knee and low back pain associated with an industrial injury of November 17, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical patches; Synvisc injections; and multiple prior arthroscopy procedures. A clinical progress note of December 4, 2013 is notable for comments that the applicant presents with longstanding low back and lower extremity pain. The applicant is described as unhappy, in moderate distress, and in reportedly acute distress. 4/5 lower extremity strength is noted. The applicant exhibits severely limited range of motion in all directions on spine exam. Tramadol and Lidoderm patches are reportedly refilled. In an earlier note of October 24, 2013, the applicant's treating provider seeks authorization for additional physical therapy and Synvisc injections. It is stated that the applicant has returned to work, although it is not clear stated whether he is in fact maintaining work or not. An August 29, 2013 progress note is notable for comments that the applicant reports persistent buckling, popping, and burning low back pain. The applicant also has knee complaints. The applicant is asked to consider Synvisc injections. It is again stated that the applicant can return to work, but that he will require intermittent periods of total temporary disability when he has flares of pain. ⚡

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

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

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 successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not seemingly been met. The applicant reports heightened pain complaints and difficulty in terms of performance of activities of daily living. While it is suggested that the applicant has returned to work, this is not clearly stated, although the attending provider has returned the applicant to work on paper. It is further noted that the applicant's heightened pain complaints and difficulty in terms of performance of activities of daily, in this case, seemingly outweigh his return to work, in any case. Therefore, the request is not certified, on independent medical review.

Lidoderm 5% #60: Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patches are indicated in the treatment of neuropathic pain in those applicants in whom there has been a trial of first-line antidepressants and/or anticonvulsants. In this case, however, there is no clear evidence that antidepressants and/or anticonvulsants were tried and/or failed before Lidoderm patches were sought. It is further noted that there is no clear evidence of neuropathic pain present here. In this case, the applicant appears to have localized knee pain and localized low back pain. For all the stated reasons, then, the request is not certified, on independent medical review.