

<b>Case Number:</b>	CM13-0062182		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/21/2000
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 and knee pain reportedly associated with an industrial injury of December 21, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; topical patches; opioid agent; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy over the life of the claim; epidural steroid injection therapy; a knee arthroscopy on June 11, 2004; prior lumbar laminectomy surgery; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of December 2, 2013, the claims administrator partially certified tramadol, for weaning purposes, denied Lidoderm patches, and approved Dexilant. The applicant's attorney subsequently appealed. On November 28, 2013, the applicant presented with severe stabbing low back pain radiating to the left leg. The applicant apparently alternates Tylenol and tramadol. She has apparently tried Elavil and Pamelor. She is on Lidoderm patches. Her pain is nevertheless scored an 8/10. It is stated that the applicant's function is ameliorated as a result of ongoing medication usage; however, it is not clearly stated how the applicant's function has improved as a result of the same. The applicant exhibits limited lumbar range of motion. The applicant has a number of non-industrial problems, including obesity, diabetes, dyslipidemia, and degenerative joint disease in the bilateral knees. Tramadol, Lidoderm, and Dexilant are renewed. The applicant is described as having received Social Security Disability Insurance (SSDI). An earlier March 13, 2013 progress note is notable for comments that the applicant is not working. The applicant is quite uncomfortable, reporting 8-9/10 pain. The applicant states that she is able to perform activities of daily living around the house with some of the medications in question but nevertheless reports heightened pain. An earlier note of December 5, 2013 is again notable for heightened complaints of 8/10 low back pain with visible limp appreciated.

## 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.

**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 reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant has failed to return to work. The applicant, in addition to receiving money through the Workers' Compensation system, is also receiving Social Security Disability Insurance (SSDI). The applicant's pain complaints are seemingly heightened at each visit as opposed to reduced, despite ongoing tramadol usage. The attending provider has not clearly described or detailed which activities of daily living have been specifically ameliorated as a result of ongoing tramadol usage. For all the stated reasons, then, the request remains 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 after there has been evidence of a trial of first-line antidepressants and/or anticonvulsants. In this case, the applicant has reportedly tried Elavil, Pamelor, and Lyrica without any relief. However, the applicant has been on Lidoderm chronically, it is noted. She has failed to derive any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f through prior usage of the same. The applicant is off of work. The applicant has failed to diminish reliance on medical treatment despite ongoing Lidoderm usage. Therefore, the request is not certified, on Independent Medical Review.