

Case Number:	CM14-0013155		
Date Assigned:	02/24/2014	Date of Injury:	10/10/2005
Decision Date:	06/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 10, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar spine surgery; and topical agents. In a Utilization Review Report of January 8, 2014, the claims administrator partially certified a request for tramadol #120 as tramadol 50 mg #30, to be employed for transitory purposes to afford the attending provider and applicant to submit documentation of improvement; approved request for injectable Toradol; and denied request for topical LidoPro cream. On January 7, 2014, the applicant was described as reporting persistent low back and right ankle pain and the applicant stated that ongoing usage of tramadol was improving performance of routine housework and keeping pain under control. The applicant denied any side effects with medications. The applicant was also using a TENS unit and a lumbar support. Tramadol was renewed. LidoPro ointment was apparently discontinued. A trial of Methoderm and Lidoderm patches were endorsed. The applicant's work status was not provided. The applicant was described as using both tramadol and LidoPro ointment on an earlier note of December 10, 2013. On November 19, 2013, the applicant was described as reporting heightened complaints of low back and leg pain. The applicant was reportedly on disability at that point, it was suggested. In an earlier note of July 11, 2013, it was stated that the applicant was permanent and stationary with permanent restrictions in place. The applicant was not working, however, it appeared.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG, QTY: 120 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRAMADOL (ULTRAM®), 113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, When to Continue Opioids topic. 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. There is no evidence of any clear improvements in pain or function achieved as a result of ongoing tramadol usage. The attending provider has not expounded upon the applicant's response to tramadol. While one of the progress notes suggests that the applicant's ability to perform activities of daily living was improved, several other progress notes suggested that the applicant was having heightened pain complaints and made no mention of the activities of daily living. Furthermore, the attending provider did not expound upon or state which activities of daily living were specifically ameliorated with prior tramadol usage. Therefore, the request is not medically necessary.

LIDOPRO CREAM 121 GM X1 QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 112

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47, Chronic Pain Treatment Guidelines MTUS 9792.20f. MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics topic. Page(s).

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals which would support usage of largely experimental topical agents and/or topical compounds such as LidoPro, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is further noted that the applicant has seemingly used LidoPro for several months and has failed to effect any lasting benefit or functional improvement as defined in MTUS 9792.20f through prior usage of the same. The applicant is off of work. The applicant has permanent work restrictions which remain in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including the TENS unit, lumbar support, etc. All of the above, taken together, imply that ongoing usage of LidoPro has been unsuccessful in terms of the measures established in MTUS 9792.20f. Therefore, the request is not medically necessary.

