

<b>Case Number:</b>	CM14-0111766		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/13/1990
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 mid back pain, low back pain, sacroiliitis, and gastroesophageal reflux disease reportedly associated with an industrial injury of November 13, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; various injection therapies; and topical agents. The applicant's attorney subsequently appealed. In a January 7, 2014 progress note, the applicant reported persistent complaints of low back pain status post recent SI joint injection. The applicant was using Ativan, chlorthalidone, Norvasc, Zestril, Coreg, hydralazine, Zocor, metformin, famotidine, and insulin, it was noted. Topical Pennsaid was endorsed owing to the applicant's issues with reflux. In a progress note dated June 16, 2014, the applicant apparently presented with 8/10 low back pain, reportedly interfering with the applicant's ability to perform activities of daily living and interact with family members. Ultracet and Lidoderm patches were apparently endorsed. A hip trochanteric bursa injection was performed in the clinic setting. On June 25, 2014, the applicant was again given prescriptions for Ultracet and topical Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brand Name Ultracet #120 (Strength No Provided):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultracet Page(s): 94.

**Decision rationale:** While Ultracet or tramadol-acetaminophen, per page 94 of the MTUS Chronic Pain Medical Treatment Guidelines is indicated in the treatment of moderate to severe pain, as is present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider can allow "cost" to guide his choice of recommendations. In this case, no compelling rationale for selection of brand name Ultracet in favor of a generic variant of the same was proffered by the attending provider. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should factor cost into his choice of recommendations. Therefore, the request for brand name Ultracet is not medically necessary.

**Lidoderm Patch 5% #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Lidoderm Patches

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

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine can be employed in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, there is no evidence that first-line antidepressant and/or anticonvulsant adjuvant medications were trialed and/or failed before the Lidoderm patches at issue were selected. Therefore, the request is not medically necessary.