MAXIMUS Federal Services

Case Number:	CM14-0134311		
Date Assigned:	08/25/2014	Date of Injury:	02/23/2006
Decision Date:	09/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 40-year-old male who reported an injury on 02/23/2006 due to carrying a heavy pipe while on a job site. The injured worker has diagnoses of lumbar/lumbosacral disc degeneration, lumbar post laminectomy at the L4-5 level, depressive disorder, and myofascial pain syndrome. Past treatment consists of acupuncture and medication therapy. Medications include Diclofenac Sodium, Trazodone, Lidocaine/Prilocaine cream, and Tramadol HCL. On 08/14/2014, the injured worker complained of chronic pain in his lumbar spine that radiated to the bilateral legs. Physical examination of the lumbar spine revealed that range of motion was restricted and guarded, worse with flexion. On palpation, paravertebral muscles, spasm, tenderness, and fewer trigger points were noted on both sides. Spinous process tenderness was noted on L4-5 level. Lumbar facet loading was negative on both the sides. Straight leg raising test was negative. The treatment plan is for the injured worker to continue the use of Lidocaine cream, Tramadol, and Diclofenac. The provider feels that the continuation of medication is necessary because the injured worker feels with the use of narcotic medication and topical cream he is able to have some type of life with the use medication. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine cream # 60 (retro): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The request for Lidocaine cream # 60 (retro 6/17/14) is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Guidelines note that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The use of lidocaine is not recommended for non-neuropathic pain. There has only been 1 trial that tested 4% lidocaine for treatment of chronic muscle pain. Guidelines note that topical medications are not recommended for long-term use. The reported documentation did not stipulate in the how long the injured worker has been using the medication. Furthermore, the request as submitted did not indicate a location for the use of the medication or a dosage or a frequency. Additionally, it is not noted in the submitted report that the injured worker had a diagnosis which would be congruent with the guideline recommendations for topical analgesics. As such, the request for Lidocaine cream # 60 (retro 6/17/14) is not medically necessary.

Tramadol 50mg #120 (retro 6/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127-128.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 78.

Decision rationale: The request for Tramadol 50 mg #120 (retro 6/17/14) is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The Guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The documentation also lacked evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. The submitted report also did not indicate whether the injured worker was within the MTUS Guidelines, as there were no drug screens submitted for review. As such, the request for Tramadol 50 mg #120 (retro 6/17/14) is not medically necessary.