MAXIMUS Federal Services

Case Number:	CM14-0150634		
Date Assigned:	09/18/2014	Date of Injury:	06/04/2009
Decision Date:	12/15/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/16/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 61-year-old male who reported an injury on 06/04/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical disc herniation, cervical fracture, left upper extremity numbness and radicular pain, lumbar disc herniation, right lower extremity sciatica, and left index finger traumatic rotational injury and puncture. Past medical treatment consists of surgery, the use of a transcutaneous electrical nerve stimulation (TENS) unit, and medication therapy. Medications consist of tramadol and diclofenac/lidocaine cream. On 06/24/2013, a urine drug screen was collected and showed that the injured worker was compliant with prescription medications. On 06/18/2014, the injured worker complained of lumbar spine, bilateral shoulder, and bilateral hand pain. It was documented on physical examination that the injured worker rated the pain at 8/10 without medication and 5/10 with medication. Physical examination of the lumbar spine revealed decreased range of motion. There was tenderness over the paraspinals, right greater than left. Hypertonicity was noted at the paraspinals bilaterally. Kemp's test was positive bilaterally. Straight leg raise test was positive on the right at 50 degrees to the posterior thigh. There was decreased strength and sensation on the right at 4/5 bilaterally at L4, L5, and S1, and normal at 5/5 on the left at L4, L5, and S1. Deep tendon reflexes were 2+ at the patellar and Achilles tendons bilaterally. Examination of the hands bilaterally revealed weak grip strength at 4/5, worse on the right. The injured worker was unable to make a complete fist with the left hand. There was tenderness over the interosseous spaces of the second and third digits of the left hand. The medical treatment plan is for the injured worker to continue with the TENS unit and medication therapy. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine cream: Upheld

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

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

Decision rationale: The request for diclofenac/lidocaine cream is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use, with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain with trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow, or other joints that are amenable to topical treatment. They are recommended for short term use (4 to 12 weeks). The guidelines also state that Lidoderm patch is the only topical form of lidocaine approved. The included medical documentation did not indicate that the injured worker had not responded or was intolerant to other treatments. The guidelines do not recommend topical lidocaine in any form other than patches. Additionally, there was no evidence submitted showing that the injured worker had failed a trial of antidepressants or anticonvulsants. There was also a lack of evidence showing that the injured worker had a diagnosis that was congruent with the guidelines. As the guidelines do not recommend the use of lidocaine cream for topical application, the medication would not be indicated. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.

Ultram (Tramadol) 50mg #90: Upheld

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

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

Decision rationale: The request for Ultram (Tramadol) 50mg #90 is not medically necessary. The submitted documentation lacked the efficacy of the medication and did not indicate that the Tramadol helped with any functional deficits the injured worker might have had. Additionally, there were no assessments submitted for review showing what pain levels were before, during, and after medication administration. A urine drug screen was obtained on 06/24/2013. However, there were no recent urinalysis (UAs) or drug screens submitted for review indicating that the injured worker was still compliant with prescription medications. Given the above, the

injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.