

<b>Case Number:</b>	CM14-0165685		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than 5 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 patient is a 33 year old female with an injury date of 07/17/13. The 09/11/14 report by ■■■. ■■■ states that the patient presents with lower back pain with radiation to the lower extremities rated 7/10/14 unchanged from 07/18/14. The patient is working. Examination shows lumbar range of motion as active flexion and extension to 15 degrees and right and left lateral flexion 10 degrees. The patient's diagnoses include: Anterior displacement with overriding of the first coccygeal segment, per MRI 02/04/14 and pain in the lumbar spine. Medications stated to be continuing are Tramadol and Ibuprofen and starting Lidoderm patch. The utilization review being challenged is dated 09/19/14. The rationale regarding Tramadol is that there is no documentation of benefit, weaning recommended. Reports were provided from 10/23/13 to 09/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine PAD 5% 30 day supply #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Lidoderm (lidocaine patch), Neuropathic pain Page(s): 56-57.

**Decision rationale:** The patient presents with lower back pain with radiation to the lower extremities rated 7/10. The treater requests for: Lidocaine Pad 5% 30 day supplies #30. The reports provided indicate the patient started this medication 09/11/14. MTUS Lidoderm (lidocaine patch) pages 56, 57 have the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading ODG, this peripheral and localized pain is that of neuropathic pain. The reports provided show no evidence of peripheral, localized neuropathic pain for which lidocaine patch is indicated. Recommendation is for denial.

**Ibuprofen tab 800mg 30 day supply #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient presents with lower back pain with radiation to the lower extremities rated 7/10. The treater requests for: Ibuprofen tab 800 mg 30 day supply #60. The reports provided show the patient has been using NSAIDs (Naproxen) since at least 10/23/13. The reports of 01/13/14 and 02/24/14 shows this medication as continuing but as of 04/11/14 the patient was not using it as it had not been authorized. MTUS Anti-inflammatory medications page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." On 09/11/14 [REDACTED] states the patient is using Tramadol and Ibuprofen with a decrease in overall symptomatology. Prior reports state the patient receives benefit from the medication without GI issues or heartburn. In this case, the reports document chronic pain in this patient and benefit with the use of this medication. Recommendation is for authorization.

**Tramadol HCL tab 50mg 30 day supply #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88-89, 78.

**Decision rationale:** The patient presents with lower back pain with radiation to the lower extremities rated 7/10. The treater requests for : Tramadol (an opioid analgesic) HCL tab 50 mg 30 day supply #90. The reports provided show the patient has been taking this medication since before 05/23/14. The 10/23/13 show the patient using Ultram (Tramadol), however, treatment reports from 11/23/13 to 04/11/14 do not show its use. The 01/17/14 UDS does not report opiates detected. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures

that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports shows regular assessment of the patient's pain through the use of pain scales. Pain is rated 8/10 from 11/23/13 to 02/24/14, 5-8/10 on 03/17/14, 8/10 from 05/23/14 to 06/05/14 and 7/10 on 07/18/14 and 09/11/14. On 09/11/14 [REDACTED] states the patient is using Tramadol and Ibuprofen with a decrease in overall symptomatology. This report also states, "Patient states her pain is so severe that she is only able to undergo work while under the medication of Tramadol. She states the medication is strong enough that it requires her to use that medication in half tablet form." The report also states she is unable to perform other ADLs after an 8 "day" work schedule due to severe pain. The 11/23/13 report states the following regarding ADLs: Difficulty with urination, bowel movements, grooming, dressing, and bathing; Difficulty with prolonged standing walking, sitting, bending, stooping, kneeling, pushing, pulling, lifting and carrying; Difficulty gripping, grasping and lifting as it increases pain; Difficulty driving and riding longer than 30 minutes; Difficulty with sexual positioning and loss of libido; Difficulty falling asleep and having restful sleep. Opiate management issues are partially discussed. A urine toxicology report from 01/17/14 is provided and discussed. Tramadol is not detected in the report and the treater states the sample tested "Negative" (not present) for all tested medications. The reports show no discussion of adverse side effects or behavior. No outcome measures are discussed as required by MTUS. In this case, the reports indicate there may be some benefit to the patient through the use of this medication. It also appears the patient may not have been taking opioids for 3-4 months at the start of 2014. Other than work, no recent ADLs are discussed and the reports do not show a significant improvement with the use of this medication as ADLs are provided for only one date. Furthermore, change of pain from 8/10 to 7/10 does not appear to be significant enough to warrant the continued use of long term opiates. Therefore, recommendation is for denial.