

Case Number:	CM14-0184369		
Date Assigned:	11/12/2014	Date of Injury:	06/23/2014
Decision Date:	12/30/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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:

Patient is a 20 year-old female with date of injury 06/23/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/20/2014, lists subjective findings as pain in the neck and mid-back. MRI of the cervical spine performed on 08/28/2014 was notable for annular tears at C4-5 and C5-6. Objective findings: Examination of the cervical and thoracic spine revealed tenderness to palpation of the paraspinal musculature. Exam revealed no neuromuscular deficit in the limbs. Thoracolumbar range of motion was guarded. Diagnosis: 1. Cervical strain/annular tear 2. Lumbar strain 3. Thoracic strain vs. disc injury. The medical records supplied for review document that the patient has been using Lidoderm for at least as far back as three months. Tramadol 50mg was first prescribed on 10/20/2014. Medications: 1. Tramadol 50mg, #30 no sig provided, 2. Lidoderm 5% patches, #90 SIG: apply to affected area bid.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Tramadol 50mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. Over the course of the patient's treatment she has been prescribed a number of medications including Norco, Relafen, Robaxin, and ibuprofen. Prior to changing medication, the previous ineffective medication was discontinued. In this case, tramadol is not being used as a first-line agent, but as a second line agent which has been prescribed in keeping with the recommendation of the MTUS. I am reversing the previous utilization review decision. Thirty Tablets of Tramadol 50mg is medically necessary.

90 Lidoderm 5% Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56.

Decision rationale: According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Ninety Lidoderm 5% Patches is not medically necessary.