

Case Number:	CM14-0020997		
Date Assigned:	04/30/2014	Date of Injury:	07/21/2006
Decision Date:	07/08/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 has filed a claim for chronic low back pain, neck pain, and mid back pain reportedly associated with an industrial injury of July 21, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; facet joint blocks; topical agents; unspecified amounts of physical therapy and acupuncture; epidural injection; and transfer of care to and from various providers in various specialties. The applicant did undergo the medial branch block procedure request on February 24, 2014, it is incidentally noted, and underwent prior lumbar facet blocks on July 1, 2013. A February 4, 2014 progress note was notable for comments that the applicant reported 6/10 pain at baseline with 8-10/10 pain with flares. The applicant stated that she has not received any lasting pain relief to date. The applicant was on Biofreeze, Lidoderm, Ultram, Ultram extended release, Lyrica, and Dilaudid, it was stated. Several of the above mentioned medications were renewed. It was stated, in somewhat templated fashion, that the applicant's pain was decreased and that her function was improved with medications. It was stated that the applicant would have difficulties tolerating even routine activities of daily living without medications. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFREEZE 4% GEL WITH 5 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: Based on the product description, the Biofreeze gel appears to represent a simple, low tech topical application of cold therapy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, at-home local applications of heat or cold are considered part and parcel of self-care as methods of symptom control for low back complaints. In this case, the Biofreeze gel being sought here should be considered analogous to a low-tech at-home application of local heat and cold which is endorsed by ACOEM. Therefore, the request is medically necessary.

LIDODERM 5% PATCH (700MG/PATCH) #30 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL LIDOCAINE Page(s): 112.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain (AKA neuropathic pain) in individuals in whom there has been a trial and/or failure of first-line therapy with antidepressants and/or anticonvulsants. In this case, the applicant is reportedly using Lyrica, an anticonvulsant medication. The attending provider did not specifically state that usage of Lyrica had been unsuccessful and/or that earlier usage of Lidoderm patches had been successful. The applicant appeared to have used Lidoderm patches on multiple occasions throughout late 2013 and early 2014. There was no clear demonstration of functional improvement following introduction of the Lidoderm patches. The applicant remained off of work. The applicant remained highly reliant on multiple opioid agents, including Dilaudid, tramadol extended release, tramadol, etc. All the above, taken together, suggests that usage of Lidoderm patches was unsuccessful. Therefore, the request is not medically necessary.

ULTRAM 50 MG #120 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: Ultram is a synthetic opioid. This is a renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant seemingly failed to return to work. There is no evidence of lasting pain relief or improved ability to perform

activities of daily living affected as a result of ongoing Ultram usage. The attending provider progress notes are highly templated and simply state that the applicant would be worse off were she to use the medications. However, the attending provider himself acknowledged that the applicant is only receiving, at best, fleeting pain relief with the medications in question. Therefore, the request is not medically necessary, for all the stated reason.

ULTRAM EXTENDED RELEASE 200 MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to be working. The applicant is only achieving fleeting pain relief through usage of multiple opioid agents. There is no concrete documentation of what activities of daily living have specifically been ameliorated as a result of ongoing opioid usage. Therefore, the request is not medically necessary.