

Case Number:	CM14-0033598		
Date Assigned:	06/20/2014	Date of Injury:	01/27/2012
Decision Date:	07/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Interventional Spine 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 patient is a 54 year old female with an injury date of 01/27/12. Based on the 01/07/14 progress report provided by Yung Chen, M.D., the patient complains of sciatica symptoms across the lower back with radiating leg pain, left side more than the right. She has tenderness across her lower back and a limited active lumbar range of motion. Positive straight leg raise results in radiating bilateral pain and there is decreased sensation at L5-S1 distally bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch topically with a refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch)Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a

dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics Page(s): 56, 57.

Decision rationale: According to the 01/07/14 report by Dr. Chen, the patient presents with sciatica symptoms across the lower back with radiating leg pain, left side more than the right. The request is for Lidoderm patch topically with a refill. The patient has been using Lidoderm patches as early as 11/19/13 and claims it is helpful. MTUS Guidelines recommends Lidoderm patches for neuropathic pain only stating, "Recommended for localized peripheral pain after there has been evidence of trial of first-line therapy, tricyclic SNRI, antidepressants or an AED such as Gabapentin or Lyrica." There is no indication that the patient has tried a first-line therapy, tricyclic SNRI, antidepressant, or an AED. Furthermore, Lidoderm patches are indicated for neuropathic pain and there is no indication that the patient is using the patch for neuropathic pain. The use of Lidoderm patches are not indicated per MTUS guidelines thus, the request is not medically necessary.

Cyclobenzaprine 7.5mg one po TID #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines :Cyclobenzaprine Page(s): 64.

Decision rationale: According to the 01/07/14 report by Dr. Chen, the patient presents with sciatica symptoms across the lower back with radiating leg pain, left side more than the right. The request is for Cyclobenzaprine 7.5 mg one po TID #60 with one refill. Review of the reports show the patient began taking Cyclobenzaprine on 01/07/14. According to the MTUS guidelines, Cyclobenzaprine are "not recommended to be used for longer than 2-3 weeks." The patient has been provided 60 tablets to take three times a day which will last no more than 3 weeks. However, the refill will exceed the 3 week limit which MTUS does not support. The request is not medically necessary.

Tramadol 50mg one PO q&h #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medication Section and opioids section Page(s): 60, 61, 88, 89, 78.

Decision rationale: According to the 01/07/14 report by Dr. Chen, the patient presents with sciatica symptoms across the lower back with radiating leg pain, left side more than the right. The request is for Tramadol 50 mg one po Q& H with one refill. The 10/03/13 report provided by Dr. Chen states is the earliest indication that the patient is taking Tramadol; however, there is no indication of how the Tramadol impacted the patient's ability to function. For long-term use of opiates MTUS guidelines require documentation of pain and function. Numeric scale or a

validated instrument is required once every 6 months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, the treating physician does not mention a pain scale or discuss function and outcome measures, as required by MTUS. The request is not medically necessary.