

<b>Case Number:</b>	CM14-0034088		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 51-year-old male was reportedly injured on 8/25/2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/03/2014, indicated that there were ongoing complaints of low back pain with radiation down both legs. The injured worker experienced numbness, tingling, and weakness in both legs. The physical examination demonstrated lower extremities 4/5 motor strength of bilateral legs and no swelling and atrophy noted. Decreased sensation to light touch of the right lateral thigh and back with positive tenderness to palpation, full range of motion and pain increased with extension, flexion, rotation and lateral flexion. Positive straight leg raise bilaterally with reflexes 2+ equal bilaterally. Electrodiagnostic imaging studies (EMG/NCV), dated 7/6/2011, revealed left L5 radiculopathy. MRI of the lumbar spine from 8/25/2012 revealed loss of lordosis, L4 facet arthropathy, L4-L5 left paracentral thecal sac impression with displacement of left L5, annular tear, facet arthropathy, caudal foraminal stenosis, L5-S-1 left paracentral protrusion displacing left S1 and facet arthropathy. Previous treatment included TENS unit, physical therapy, acupuncture and epidural steroid injections. A request had been made for Lidopro cream, #121gm, Lidoderm patches, and Ultram 50mg #90 and was not medically necessary in the pre-authorization process on 2/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream, #121gm dispensed on 2/6/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, they are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, etc.). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class), that is not recommended, is not recommended. Due to these factors, the medication is not medically necessary.

**Lidoderm patches, per PR-2 and prescription dated 2/6/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 56.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines supports the use of topical lidocaine for individuals with neuropathic pain who have failed treatment with first line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, the injured worker is with low back pain and radicular pain but there is no clinical documentation that indicate failure of first line therapy. The request is not medically necessary.

**Ultram 50mg #90 dispensed on 2/6/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management When to discontinue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 82, 113.

**Decision rationale:** Chronic Pain Treatment Guidelines support the use of tramadol (Ultram) for short-term use, after there has been evidence of failure of a first line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. Given the injured worker's clinical presentation and lack of documentation of functional improvement with tramadol, as well as failure of a first line option, the request is not medically necessary.

