

Case Number:	CM14-0053581		
Date Assigned:	07/07/2014	Date of Injury:	10/23/2001
Decision Date:	08/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/22/2014

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 and is licensed to practice in Nevada. 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 59-year-old male who was reportedly injured on 10/23/2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 2/13/2014, indicated that there were ongoing complaints of low back and bilateral leg pains. The physical examination demonstrated lumbar spine pain with range of motion. There was positive tenderness of the left sacroiliac joint. Bilateral lower extremities had muscle strength 5/5. There was also decreased sensation of the bilateral feet. Otherwise, it was an unremarkable exam. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request was made for Tramadol 50mg #180, Lidoderm patch #60, Lidocaine Ointment 5% 100gm, Norco 10/325mg #180 and was not certified in the pre-authorization process on 3/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg 1 every 4-6 hours as needed qty: 180, 30 day supply.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Opioids (Tramadol) Page(s): 78-80, 84, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 82, 113.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

Lidoderm patch apply 1-2 patches 12 hours on and 12 hours off qty: 60 - 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

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

Decision rationale: 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 Serotonin-norepinephrine reuptake inhibitors anti-depressants or an anti-epileptic drugs such as gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. After review of the medical records provided, there is no indication of failure first-line treatment. Therefore, this request is deemed not medically necessary.

Lidocaine Ointment 5% apply twice a day as directed qty: 100 gm 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Indication) Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 56-57; 112.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, the injured worker has documentation of decreased sensation of bilateral feet; however, there is no mention of failure first-line treatments to include antidepressants or anti-epileptic medications. As such, the request is considered not medically necessary.

Norco 10/325 1 tab every 4-6 hours as needed qty: 180 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use) Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen) Page(s): 74-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.