

Case Number:	CM14-0060327		
Date Assigned:	07/09/2014	Date of Injury:	04/04/2003
Decision Date:	09/23/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/01/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 53-year-old male who reported injury on 04/04/2003. The diagnoses included lumbosacral neuritis NOS. The mechanism of injury was not provided. The injured worker was noted to undergo diagnostic studies to include an MRI of the lumbar spine with and without contrast, an EMG/NCV of the bilateral lower extremities, and CT lumbar myelogram. The injured worker's diagnoses were noted to include lumbar disc degeneration; chronic pain (other); failed back surgery syndrome, lumbar; lumbar radiculopathy; status post fusion, lumbar spine x2; and status post spinal cord stimulator removal. The injured worker's medication history included Norco 10/325 and Neurontin as of 2011. The documentation indicated the injured worker underwent 5 surgical interventions. The mechanism of injury was a slip and fall. The documentation of 03/25/2014 revealed the injured worker had low back pain. The intensity was 9/10 with medications and 10/10 without medications. The injured worker was complaining of mild constipation and vomiting. The physical examination revealed the injured worker had tenderness to palpation of the spinal vertebral area at L4-S1 levels that was significantly increased with flexion and extension Treatment plan included acupuncture therapy, urine drug testing, a CURES report, and gabapentin 600 mg by mouth 3 times a day; Lidoderm patches 1 every 12 hours; and tramadol 50 mg, 1 by mouth twice a day. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The California MTUS guidelines indicate that topical lidocaine (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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the duration of use. There was a lack of documentation indicating the injured worker had a trial and failure of first-line therapy, as it was indicated the injured worker's current medications included gabapentin 600 mg. The request as submitted failed to indicate the frequency of the requested medication. Given the above, the request for Lidoderm 5% patch #30 is not medically necessary.

Tramadol HCL 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medications, as it was noted this was a current medication. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. The documentation indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional benefit. There was documentation of an objective decrease in pain. Given the above, the request for tramadol hydrochloride 50 mg #60 is not medically necessary.