

<b>Case Number:</b>	CM14-0070072		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/19/2006
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Internal 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 patient is a 56-year-old female with date of injury on 05/19/2006. Notes provided do not reflect the mechanism of injury. She carries a diagnosis of neck pain status post C6-C7 fusion, left shoulder pain and impingement, and left upper extremity neuropathic pain. The most recent note provided states she is on Ultram, Gralise, and Lidoderm. The current request is for Lidoderm patches #30 x 2 refills and Ultram 50mg #60 x 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm %5 patches, #30 with 2 refills:** Upheld

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

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

**Decision rationale:** The California MTUS state Lidoderm patches can be recommended for localized peripheral nerve pain after evidence of a trial of first line therapy (tricyclic, SNRI, or anti-epileptic drug). However, it is only approved for post-herpetic neuralgia and there is limited data on treatment of other types of chronic neuropathic pain. This patient is currently on a long acting form of an anti-epileptic drug (Gralise) and per the notes; there is improvement with use

of this medication. There is no indication of trials/failures of other first line treatments for neuropathic pain. The notes state the patient is currently on the Lidoderm patch but there is no documentation as to functional improvement and/or pain scores on this drug. Given the data provided, the Lidoderm patch does not meet the MTUS criteria and it is not medically necessary.

**Ultram 50mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The MTUS guidelines state that Ultram (Tramadol) be considered in the opiate class of medication and is felt to work as a central acting analgesic. Like all short acting opioids, Ultram should be used for moderate to severe pain and used in a short-term fashion. Furthermore, long-term use for chronic pain is not recommended as trial with Tramadol vs. placebo show tolerance and lack of benefit over time. The patient was prescribed Ultram on the note dated March 2, 2012. The note dated April 12, 2012 stated she had nausea on Ultram and was to stop this medication. The Ultram was re-prescribed on 07/19/2013 and follow-up note dated 08/16/2013 states that there has been no improvement in symptoms. Given lack of documentation as to the positive effects of Ultram and the fact that this medication should truly not be used long-term unless true benefit can be documented in pain scores and/or functional improvement, the guidelines have not been met for long-term use of this drug. The Ultram is not medically necessary.