

<b>Case Number:</b>	CM14-0086985		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/19/1963
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 records presented for review indicate that this 51 year-old male was reportedly injured on November 9, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 13, 2014 indicates that there are ongoing complaints of low back pain. The injured employee is noted to be in a home exercise protocol and there are sensory changes in the left lower extremity. The physical examination demonstrated tenderness to palpation and muscle spasms. Diagnostic imaging studies objectified a lumbar disc lesion. Previous treatment includes Transcutaneous Electrical Nerve Stimulation (TENS), multiple medications, physical therapy, acupuncture, and a functional capacity evaluation was obtained. A request was made for multiple medications and was not certified in the pre-authorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** Upheld

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

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

**Decision rationale:** When reviewing the progress notes over the last several months, it is noted that the overall clinical situation is essentially stable. There is not any improvement, increase functionality or other demonstration of the efficacy of this medication. When considering the date of injury, the injury sustained, the multiple interventions completed as well as a determination that the injured employee is in a permanent and stationary status; and noting there is not been any significant change in the clinical situation the efficacy of this medication is not objectified. Therefore, the request of Tramadol ER 150mg #30 is not medically necessary and appropriate.

**Lidopro Topical Ointment 4oz #1:** Upheld

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

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

**Decision rationale:** The MTUS supports the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the claimant has not responded to this application, contingent on the same level of pain, and the physical examination is unchanged over the last six months. As such, the request of Lidopro Topical Ointment 4oz #1 is not medically necessary and appropriate.

**Topiramate 50mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated July, 2014.

**Decision rationale:** As outlined in the ODG (MTUS and ACOEM do not address this medication) this medication has been shown to have variable efficacy and has little indication in the treatment of neuropathic pain. The progress notes have demonstrated little efficacy as pain complaints have remained unchanged a lesser months. Therefore, based on the date of injury, the mechanism of injury and the response to treatment the request for Topiramate 50mg #60 is not medically necessary and appropriate.

**Cyclobenzaprine 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

**Decision rationale:** When noting the date of injury, the response to treatment, and the parameters outlined in the MTUS this medication is not indicated for chronic, indefinite or routine use. This is identified for the short treatment of acute flare. When noting the potential consequences of this medication and the ability for abuse, the request of Cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.

**TENS (Transcutaneous Electric Nerve Stimulation) Electrodes x 2 Pair:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electric Nerve Stimulation) Page(s): 113-116.

**Decision rationale:** Based on the most current clinical assessment, taking into account the date of injury and the response to treatment to date tempered by the parameters outlined in the MTUS, there is insufficient data presented to support the medical necessity of this device. There is no documentation of any improved functionality, ability to return to work, or positive sequelae as a result of this intervention. Therefore, the request of TENS (Transcutaneous Electric Nerve Stimulation) Electrodes x 2 Pair is not medically necessary and appropriate.