

Case Number:	CM14-0089122		
Date Assigned:	09/23/2014	Date of Injury:	10/07/2008
Decision Date:	10/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 American Board Family Practice 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:

65 yr. old male claimant sustained a work injury on 10/7/08 involving the hip and buttocks. He had a left hip and pelvic fracture. His chronic pain was treated with oral analgesics, TENS unit, acupuncture and infrared therapy. Since February 2014, he had been using Lidoderm patches for topical pain relief. He had been on Norco and Nucynta for pain since at least 2011. A progress note on 5/20/14 indicated the claimant had continued hip and groin pain. He was continued on Tramadol and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch #90 with 3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, 8th Edition, 2013, Lidoderm Patches

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain

when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm patches are approved for diabetic and herpetic neuropathy. The claimant does not have the above diagnoses and the continued use of Lidoderm is not medically necessary.

Tramadol HCL 50mg #240 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Tramadol

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol may be used for short-term on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, there was no indication of failure on Tylenol or NSAID. The claimant had been on other opioids. No one opioid is proven superior to another. Based on the clinical information and the guidelines, long-term Tramadol use as prescribed above is not medically necessary.