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| Case Number: | CM14-0114534 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 12/26/2013 |
| Decision Date: | 01/13/2015 | UR Denial Date: | 06/17/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 Family 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:

This is a 44 year old patient who sustained a work related injury on December 26, 2013. Patient sustained the injury due to repetitive work as a bus driver. The current diagnoses include sciatica, right lower extremity, probable "piriformis syndrome", lumbar disc extrusion with right L5 nerve encroachment, lumbar sprain/strain, insomnia, due to severe sciatica and Emotional distress. Per the doctor's note dated 5/15/14, patient has complaints of low back pain at 8/10 that was radiating to leg, knee, and toes with numbness and tingling. Physical examination revealed normal gait, able to heel and toe walk, tenderness to palpation and spasm over the lumbar paraspinals, Straight Leg Raise Test in the supine and seated position was positive on the right, limited range of motion, 5/5 strength and 2+ reflexes. The current medication lists include Soma, Motrin, Norco, Desyrel, Trazodone Naprosyn and Valium, Oxycodone and Prednisone. The patient has had MRI dated March 9, 2014, which showed multiple disc herniation with central and neuroforaminal stenosis with sciatica. The patient has had ultrasound Doppler Study for the right lower leg to rule out blood clots. Other therapy done for this injury was not specified in the records provided. He was given a cane to ambulate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultram 150 mg, #30 (DOS 05/14/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009)Central acting analgesicsOpioids for neuropathic pain Page(s): 75;.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The current diagnoses include sciatica, right lower extremity, probable "piriformis syndrome", lumbar disc extrusion with right L5 nerve encroachment, lumbar sprain/strain, insomnia, due to severe sciatica and Emotional distress. Per the doctor's note dated 5/15/14, patient has complaints of low back pain at 8/10 that was radiating to leg, knee, and toes with numbness and tingling and physical examination revealed tenderness to palpation and spasm over the lumbar paraspinals, Straight Leg Raise Test in the supine and seated position was positive on the right, limited range of motion. The patient has had MRI dated March 9, 2014, which showed multiple disc herniations with central and neuroforaminal stenosis with sciatica. Patient is already taking a NSIAD and a muscle relaxant. He was given a cane to ambulate. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. This request for Retrospective request for Ultram 150 mg, #30 (DOS 05/14/2014) is medically necessary.

Retrospective request for flurbiprofen 25%/lidocaine 5% in lipoderm base (DOS 05/14/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little to no research to support the use of many of these agents. Lidocaine Indication: Neuropathic pain 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).Non-neuropathic pain:" MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of

antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Flurbiprofen is a NSAID. Per the cited guidelines, "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Therefore topical Flurbiprofen is not recommended by the cited guidelines. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical necessity of the request for flurbiprofen 25%/lidocaine 5% in lipoderm base (DOS 05/14/2014) is not fully established in this patient. Therefore the request is not medically necessary.