

<b>Case Number:</b>	CM14-0121053		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/30/2005
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 58 year old female with an injury date of 07/30/05. The 07/07/14 report states that the patient presents with pain in the lower back, buttocks and left posterior lower extremity. Pain is rated 8-9/10 without medications and 2-3/10 with. The reports do not state if the patient is working. Lumbar examination shows tenderness of the paraspinals with pain with flexion and extension. Straight leg raise is positive left and sensation is intact but diminished over the left lower extremity. The patient has antalgic gait. The patient's diagnoses include: 1. Dysthmic disorder 2. Muscle pain 3. Lumbar degenerative disease 4. Lower back pain. The treater states that use of H-Wave helps control pain and reduce medications. The patient finds Soma very helpful for acute flare ups of muscle spasm and that medications help control pain and increase function. Current medications are listed as Norco, Lidoderm patch, Tramadol, Ibuprofen and Desvenlafaxine. The utilization review dated 07/17/14 that is provided states only that the requests were not approved and does not provide a rationale. Reports were provided for review from 04/07/14 to 09/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #90 with 2 refills:** 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 Criteria for use of opioids Page(s): 88-89, 76-78.

**Decision rationale:** The patient presents with pain in the lower back, buttock and left posterior lower extremity. The current request is for Ultram 50mg #90 refills 2 (Tramadol, an opioid analgesic). The RFA is not provided and the 07/17/14 utilization review states only that the RFA was received 07/09/14. It appears the current request is per the 07/07/14 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. It appears from the reports provided that the patient started this medication 07/17/14. She has been prescribed Norco (Hydrocodone, an opioid) since at least 04/07/14 through 09/29/14. On 09/29/14 the provider states, "We started her on Tramadol at her last appointment but she said that it gave her a headaches so she stopped taking it." In this case, it appears there has been a failed trial of this requested medication. Use of Norco indicates that the patient has been prescribed opiates on a long term basis. Only 3 reports are provided; however, they show the routine use of pain scales to assess pain. Pain is rated 3-4/10 with medications and 9-10/10 without on 04/07/14 and 2-3/10 with and 8-9/10 without on 07/07/14 and 09/29/14. The provider states use of Norco allows the patient to walk 20 minutes longer and "she can take care of herself." No other specific ADL's are mentioned to show a significant change with use of opioids. Opiate management issues are addressed. The provider states on 07/17/14 that the 04/07/14 UDS shows the presence of opioids that are consistent with the patient's medication. The provider also states the patient denies side effects and there is no evidence of adverse behavior. The patient has a signed pain contract and the reports document discussion with the patient of the risks and benefits of opioid use. However, no outcome measures are provided. It does not appear that ADL's are sufficiently documented to support long-term opioid use. Furthermore, the patient stopped use of Tramadol at an unknown date between 07/17/14 and 09/29/14 and the request is for #90 with two refills. The request is not medically necessary.

**Lidoderm 5% Patch #90 with 2 refills:** 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 Lidoderm (Lidocaine patch) Page(s): 56-57.

**Decision rationale:** The patient presents with pain in the lower back, buttock and left posterior lower extremity. The current request is for Lidoderm 5% Patch #90 with 2 refills. The RFA is not provided and the 07/17/14 utilization review states only that the RFA was received 07/09/14. It appears the current request is per the 07/07/14 report. MTUS Lidoderm (Lidocaine patch) pages 56, 57 have the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading Official Disability Guidelines, this peripheral and localized pain is that of neuropathic pain. It appears this patient has been prescribed this medication since

at least 04/07/14. In this patient, there is no evidence of peripheral, localized neuropathic pain for which Lidoderm is indicated. The request is not medically necessary.