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| Case Number: | CM14-0204036 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 06/11/2008 |
| Decision Date: | 02/10/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Rehabilitation 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 50 year old female with date of injury 6/11/08. The treating physician report dated 11/19/14 (98) indicates that the patient presents with pain affecting the left hand and back. The physical examination findings reveal myofascial tenderness, lumbosacral area. Left hand/wrist grip strength is 3-4/5. Patient has excellent fine motor control but with grip she has Thenar pain. Atrophy of the Thenar prominence, left hand. Prior treatment history includes medication, nerve ablation, electrodiagnostic studies, x-rays and MRI. MRI findings reveal extensive osteoarthritic changes at the base of the first metacarpal, left side and severe bilateral facet degenerative changes more marked on the right at L5-S1. The current diagnoses are: 1.Chronic intractable pain2.Facet arthropathy, lumbosacral3.Hand pain4.Lumbago5.Lumbar degenerative disc diseaseThe utilization review report dated 12/03/14 denied the request for Lidoderm 5% patches #120 and tramadol 50 mg #180 based on medical necessity not being established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89.

Decision rationale: The current request is for tramadol 50 mg #180. For chronic opiate use, 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, activities of daily livings ADLs, adverse side effects, and aberrant 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. In this case, the 4As have not been documented in the records provided. There are no before or after pain scales, no functional improvement and no discussion of side effects or aberrant behaviors as required by MTUS for continued opioid usage. Therefore, this request is not medically necessary.

Lidoderm 5% patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57; 111-113.

Decision rationale: The current request is for Lidoderm 5% patches. The patient presents with back and left hand pain and the treating physician states that the patient's back "is getting cranky". The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. MTUS also states on page 60 that, "A record of pain and function with the medication should be recorded." In this case, the treating physician states, "Chronic low back pain is a central nerve sensitization process (ostensibly neuropathic pain), and it is very appropriate to treat neuropathic pain with lidocaine patches." There is no evidence of a trial of first-line therapy of antidepressants and anti-convulsants. Furthermore, the treating physician states that lidocaine "really does help keep her pain under control" but there is no specific functional improvement or pain rating provided. Therefore, this request is not medically necessary.