

Case Number:	CM15-0005734		
Date Assigned:	01/26/2015	Date of Injury:	03/28/2013
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 injured worker is a 50 year old female, who sustained an industrial injury on March 28, 2013. She has reported back pain as a result of heavy lifting, prolonged standing, walking, bending, twisting and turning at work. The diagnoses have included low back pain and radiculopathy of the spine. Treatment to date has included pain medication, physical therapy and steroid injection. An MRI of the lumbar spine in May, 2013 revealed diffuse degenerative disc disease most advanced at the L4-L5 level with moderate canal stenosis. Currently, the injured worker complains of continued pain and discomfort of the low back to the right hip, buttock and right leg, some intermittent numbness and tingling with a mild limp. On examination, the injured worker had a positive straight leg raising right at 80 degrees, negative on the left, no sensory or motor deficit, moderate lumbar spasm and slight limits horizontal torsion and lateral bend. Per the doctor's note dated 1/22/15 Physical examination revealed positive SLR, 4/5 strength and decreased sensation in right foot. The patient has had MRI of low back that revealed disc protrusion and foraminal narrowing. The medication list include tramadol, Vicodin and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5 % #100 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 78.

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

Decision rationale: Request: Lidoderm Patches 5 % #100 with 1 refill 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. According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." 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 is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of the medication Lidoderm Patches 5 % #100 with 1 refill is not fully established.

Tramadol 50mg #100 with 1 refill: 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 Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central actin.

Decision rationale: Request: Tramadol 50mg #100 with 1 refill 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 analgesic 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. She has reported back pain as a result of heavy lifting, prolonged standing, walking, bending, twisting and turning at work. The diagnoses have included low back pain and radiculopathy of the spine. An MRI of the lumbar spine in May, 2013 revealed diffuse degenerative disc disease most advanced at the L4-L5 level with moderate canal stenosis. Currently, the injured worker complains of continued pain and discomfort of the low back to the

right hip, buttock and right leg, some intermittent numbness and tingling with a mild limp. On examination, the injured worker had a positive straight leg raising right at 80 degrees, negative on the left, no sensory or motor deficit, moderate lumbar spasm and slight limits horizontal torsion and lateral bend. Per the doctor's note dated 1/22/15 Physical examination revealed positive SLR, 4/5 strength and decreased sensation in right foot. The patient has chronic pain with significant objective abnormalities on exam and imaging studies. The patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg #100 with 1 refill is deemed as medically appropriate and necessary.