

Case Number:	CM15-0018866		
Date Assigned:	02/06/2015	Date of Injury:	08/15/1997
Decision Date:	05/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 71 year old male, who sustained an industrial injury on 08/15/1997. The injured worker was diagnosed as having lumbar radiculopathy, low back pain and disc disorder lumbar. Treatment to date has included medications and epidural steroid injections. The 2004 MRI of the lumbar spine showed multilevel disc bulges and L4, S1 nerve impingement. According to a progress report dated 12/17/2014, the injured worker was seen for lower backache. Pain level was unchanged since the last visit. Quality of sleep was good. Activity level had remained the same. Medications were working well with no side effects. His axial low back pain had increased overtime and he was interested in pursuing any intervention that may be helpful. There were objective findings of tenderness to palpation of the lumbar paraspinal muscles and positive facet loading test. Current medications regimen included Zegerid, Zanaflex, Lidoderm Patch, Ultram and Ambien. Treatment plan included request for medial branch block. Prescriptions were given for Ultram, Zegerid, and Zanaflex. The injured worker was permanent and stationary and currently was retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches PRN (unable to obtain quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The record did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications which are also effective for the treatment of radiculopathy. The criteria for the use of Lidoderm was not met and therefore the request is not medically necessary.

Zegerid 40mg 1 capsule daily #30, Refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the prophylaxis and treatment of NSAIDs induced gastrointestinal symptoms in the elderly and patients with a history of gastrointestinal disease. The records did not indicate that the patient was utilizing NSAIDs. There is no documentation of a history of significant gastrointestinal disease or current gastric symptoms. The criteria for the use of Zegerid 20mg #30, 2 Refills was not met and therefore the request is not medically necessary.

Tramadol 50mg BID PRN for pain #60 Refill: 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 93-94, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAID and PT have failed. The records indicate that this 72 year old has completed multiple surgeries and interventional pain procedures but the chronic pain did not resolve. There is documentation of compliance and functional restoration with utilization of Tramadol. There are no reports of

aberrant behavior or adverse medication effects. The criteria for the use of Tramadol 50mg BID #60 with 2 Refills was met. Therefore, the request is medically necessary.