

<b>Case Number:</b>	CM15-0131093		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old male, who sustained an industrial injury on 7/23/2013. Diagnoses include degeneration of lumbar intervertebral disc, sprain of hip and sciatica. Treatment to date has included conservative care including oral and topical medications. Per the Primary Treating Physician's Progress Report dated 6/15/2015, the injured worker reported pain that was about the same. He takes Gabapentin for pain control and he also uses pain patches. He uses those when his pain is really intense on his back and right leg. Physical examination revealed an antalgic gait. Lumbar spine examination revealed decreased range of motion with flexion which did increase his pain. There was tenderness to palpation particularly in the low lumbar area, mostly on the right. His posture was noted to have a significant head forward position and he had tightness in the upper trapezius and throughout the upper musculature between the scapulae. The plan of care included refill of medications and authorization was requested for Gabapentin, Ultram and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60, refills 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Tramadol (Ultram) Page(s): 76-78, 88-89, 113.

**Decision rationale:** Based on the 06/15/15 progress report provided by treating physician, the patient presents with pain to back, hip, and right knee and leg. The request is for ULTRAM 50MG #60, REFILLS 5. RFA with the request not provided. Patient's diagnosis on 06/15/15 included degeneration of lumbar intervertebral disc, sprain of hip, and sciatica. The patient has an antalgic gait. Physical examination on 06/15/15 revealed tenderness to palpation to the lumbar spine, and decreased range of motion, painful on flexion. Treatment to date included physical therapy, chiropractic and medication. Patient's medications include Ultram, Lidoderm patch, Ambien, Carisoprodol, Gabapentin, Humira, Hydrocodone, Metformin, Oxaprozin, Simvastatin, and Valsartan. The patient is disabled, per 06/15/15 report. Treatment reports provided from 04/10/15 - 06/15/15. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Ultram was included in patient's medications, per progress reports dated 04/10/15 and 06/15/15. It is not known when Ultram was initiated. In this case, treater has not stated how Ultram reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, the request for #60 with 5 refills is excessive. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Lidoderm 5% (700mg/patch) patches #60, Refills 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic, Topical lidocaine Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

**Decision rationale:** Based on the 06/15/15 progress report provided by treating physician, the patient presents with pain to back, hip, and right knee and leg. The request is for LIDODERM 5% (700MG/PATCH) PATCHES #60, REFILLS 3. RFA with the request not provided. Patient's diagnosis on 06/15/15 included degeneration of lumbar intervertebral disc, sprain of hip, and sciatica. The patient has an antalgic gait. Physical examination on 06/15/15 revealed tenderness to palpation to the lumbar spine, and decreased range of motion, painful on flexion. Treatment to date included physical therapy, chiropractic and medication. Patient's medications include Ultram, Lidoderm patch, Ambien, Carisoprodol, Gabapentin, Humira, Hydrocodone, Metformin, Oxaprozin, Simvastatin, and Valsartan. The patient is disabled, per 06/15/15 report. Treatment reports provided from 04/10/15 - 06/15/15. MTUS guidelines page 57 states, "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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. A Trial of patch treatment is recommended for a short-term period (no more than four weeks). This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Lidocaine patches have been included in patient's medications, per progress reports dated 04/10/15 and 06/15/15. It is not known when Lidocaine patches were initiated. Per 06/15/15 report, treater states the patient "uses pain patches. He uses those when his pain is really intense on his back and R leg." MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lower back and lower extremity pain, not a localized peripheral neuropathic pain, for which Lidocaine patches are indicated. Lidocaine patches would appear to be indicated for patient's knee pain. However, treater has not indicated efficacy of patches with regards to knee complaints. Lidocaine patches are not indicated for this patient's chief complaint of chronic lower back pain with leg component. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.