

Case Number:	CM15-0135159		
Date Assigned:	07/23/2015	Date of Injury:	07/03/2004
Decision Date:	08/19/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 60 year old female, who sustained an industrial injury on 7/3/04. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical disc displacement; neck sprain/strain; chronic pain syndrome neck sprain; status post Anterior Cervical Disc Fusion (ACDF) (4/24/14); carpal tunnel syndrome. Treatment to date has included physical therapy; acupuncture; TENS unit; Jovie Cervical Collar; Speech/Language pathologist; medications. Currently, the PR-2 notes dated 4/2/15 indicated the injured worker is a status post C4-C5 ACDF surgery on 4/24/15 complicated by dysphagia and lymphedema (neck swelling). She reports acupuncture has decreased the right trapezius and upper extremity pain and continues taking her Lyrica 75mg nightly and 25mg daily. While her pain is not gone, she reports it has decreased in intensity and she is able to function better than previously. Driving is difficult and frustrating and her "physical herbalist" has helped her change orientation in her car. She has tried numerous adaptations in her car to try to maximize her independence and safety while driving. Her tolerance remains roughly at 15 minute before her right arm complaints of pain are 8/10. She reports frustration with swallowing difficulty, no change and had throat manipulations several times a day as directed by the Speech/Language pathologist. She has completed 16 physical therapy visits and working on "cervical muscles, lats and core strength." Progress is reported as slow but continuing her home exercise program; using a Jovie Collar to help swallow and working with the lymphedema specialist due to neck swelling. The provider is requesting authorization of Tramadol ER 100mg #60 with 2 refills and Lidocaine patch 5% with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol extended release 100mg quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 100 mg # 60 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker, the only allowing one of the comments are in all of you are in an and as he s working diagnoses are disc displacement NOS without myelopathy; sprain strain neck; chronic pain syndrome; neck sprain; status post ACDF; myofascial pain; and carpal syndrome bilateral. Date of injury is July 3, 2004. Request for authorization is dated June 30, 2015. The earliest progress note the medical record with a Tramadol ER and lidocaine 5% prescription is dated January 8, 2015. The start date for both drugs is not documented in the medical record. According to a June 30, 2015 progress note, the injured worker is status post L4 - L5 fusion. There are no specific subjective complaints enumerated in the progress note. There is no documentation demonstrating objective functional improvement with increased ADLs. There are no detailed pain assessments. There are no risk assessments. There's been no attempt at weaning Tramadol ER. Consequently, absent clinical documentation demonstrating objective functional improvement, pain scores with specific subjective complaints, detailed pain assessments and risk assessments, Tramadol ER 100 mg # 60 with two refills is not medically necessary.

Lidocaine patch 5% with two refills: 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine patch 5% with two refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are disc displacement NOS without myelopathy; sprain strain neck; chronic pain syndrome; neck sprain; status post ACDF; myofascial pain; and carpal syndrome bilateral. Date of injury is July 3, 2004. Request for authorization is dated June 30, 2015. The earliest progress note the medical record with a Tramadol ER and lidocaine 5% prescription is dated January 8, 2015. The start date for both drugs is not documented in the medical record. According to a June 30, 2015 progress note, the injured worker is status post L4 - L5 fusion. There are no specific subjective complaints enumerated in the progress note. There is no documentation demonstrating objective functional improvement with increased ADLs. The documentation shows the injured worker was prescribed ongoing Lyrica from January 8, 2015 through June 30, 2015. Consequently, absent clinical documentation demonstrating objective functional improvement and failed first-line treatment with Lyrica (anticonvulsants), lidocaine patch 5% with two refills is not medically necessary.