

Case Number:	CM15-0138486		
Date Assigned:	07/30/2015	Date of Injury:	10/03/2002
Decision Date:	09/25/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/16/2015

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 66 year old female, who sustained an industrial injury on 10-03-2002. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbar disc displacement, thoracic or lumbosacral neuritis or radiculitis, cervical radiculitis and knee replacement. Treatment to date has included oral and topical pain medication, acupuncture, a home exercise program and surgery. Documentation shows that Ultram and Lidoderm patches were prescribed to the injured worker as far back as 12-22-2014. In a progress note dated 05-18-2015, the injured worker complained of worsening low back, leg, hip and knee pain that was rated as 9 out of 10 without medication and 5 out of 10 with medication. Objective findings were notable for extremely slow movements, facial grimacing, moving in a guarded fashion, limping gait, rigid posture, decreased range of motion of the lumbar spine, tenderness to palpation of the paravertebral muscles on the right side, hypertonicity, spasm and tenderness on the left side, spinous process tenderness at L4 and L5, inability to walk on heels or toes, positive straight leg raise on the right side sitting at 70 degrees and left side sitting at 50 degrees, slight weakness in the bilateral knees and hips and decreased sensation to light touch over the lateral thigh on the right side and posterior and medial calf and lateral thigh on the left side. Work status was documented as permanent and stationary. A request for authorization of Ultram 37.5-325 mg #90 with 1 refill and Lidoderm patches 5% #30 with 2 refills was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 37.5-325 mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 6/15/15 progress report provided by the treating physician, this patient presents with back pain, with pain rated 3/10 on VAS scale. The treater has asked for Ultram 37.5-325 mg #90 with 1 refill on 6/15/15 as "she notes a 40-50% improvement in pain with Tramadol and Lidocaine." The patient's diagnoses per Request for Authorization form dated 6/15/15, are knee replacement, lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, cervical radiculitis left C5-6, Right C6, unspecified myalgia and myositis. The patient is s/p 6 sessions of acupuncture and reports benefit of 50% of her pain level, and able to walk now per 6/15/15 report. The patient's current medications include Lidoderm and Ultracet per 6/15/15 report. The patient is currently on a home exercise program per 5/18/15 report. The patient reported sciatica and bladder incontinence per 5/18/15 report. The patient's work status is "permanent and stationary/MMI as previously declared" per 6/15/15 report. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, the treater has requested Ultram, which the patient has been taking as early as 12/22/14, and also in reports dated 5/18/15 and 6/15/15. MTUS requires appropriate discussion of all the 4A's; the treater does state Tramadol and Lidocaine gives at 40-50% improvement in pain" in 6/15/15 report. However, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No UDs, no CURES or opioid contracts are provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.

Lidoderm Patches 5 % #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

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

Decision rationale: Based on the 6/15/15 progress report provided by the treating physician, this patient presents with back pain, with pain rated 3/10 on VAS scale. The patient reported sciatica and bladder incontinence per 5/18/15 report, and exam on 12/22/14 shows sensation decreased over medial calf on left side, and a positive straight leg raise. The treater has asked for Lidoderm Patches 5% #30 with 2 refills on 6/15/15 report as "she notes a 40-50% improvement in pain with Tramadol and Lidocaine." The patient's diagnoses per Request for Authorization form dated 6/15/15, are knee replacement, lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, cervical radiculitis left C5-6, Right C6, unspecified myalgia

and myositis. The patient is s/p 6 sessions of acupuncture and reports benefit of 50% of her pain level, and able to walk now per 6/15/15 report. The patient's current medications include Lidoderm and Ultracet per 6/15/15 report. The patient is currently on a home exercise program per 5/18/15 report. The patient's work status is "permanent and stationary/MMI as previously declared" per 6/15/15 report. MTUS Lidocaine (Lidoderm patch) section, page 56 and 57: "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, Pain (Chronic) Chapter under Lidoderm (lidocaine patch): 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. In this case, the patient does show localized neurological symptoms per physical exam dated 12/22/14. Lidoderm patch is first noted in progress report dated 12/22/14, and the patient has been using the topical consistently since then. It is not clear when Lidoderm was first prescribed. The treater does state Tramadol and Lidocaine gives at 40-50% improvement in pain in 6/15/15 report. The requested Lidoderm patches have been shown effective in prior usage for this patient. Hence, the request IS medically necessary.