

Case Number:	CM15-0142492		
Date Assigned:	08/03/2015	Date of Injury:	10/18/2012
Decision Date:	08/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 33 year old female with an October 18, 2012 date of injury. A progress note dated May 4, 2015 documents subjective complaints (chronic neck pain and back pain due to cervical, thoracic, and lumbar strains; increase in neck and low back pain since the previous visit; increased headaches), objective findings (antalgic gait; normal muscle tone without atrophy in all extremities), and current diagnoses (sprains and strains of the neck; sprain strain of the thoracic region; sprain strain of the lumbar region). Treatments to date have included medications, transcutaneous electrical nerve stimulator unit, and home exercise. The treating physician documented a plan of care that included Tramadol 50 mg #60, four containers of Diclofenac Sodium 1.5% 60 grams, and Lidoderm patches 5% #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Tramadol 50mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in October 2012 and is being treated for pain throughout the spine. Medications were providing 50% pain relief and allowing for improved activity tolerance including walking and sitting. She was gastrointestinal upset with oral medications. When seen, there was increasing neck and low back pain. She was using TENS to try to avoid oral medications. There was an antalgic and the claimant is obese. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief of 50% with improved activity tolerance. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

4 Containers of Diclofenac Sodium 1.5% 60 grams (Anti-Inflammatory Cream):
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111-113 Page(s): 111-113.

Decision rationale: The claimant sustained a work-related injury in October 2012 and is being treated for pain throughout the spine. Medications were providing 50% pain relief and allowing for improved activity tolerance including walking and sitting. She was gastrointestinal upset with oral medications. When seen, there was increasing neck and low back pain. She was using TENS to try to avoid oral medications. There was an antalgic and the claimant is obese. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has intolerance of oral medications and has localized spine pain that appears amenable to topical treatment. This request for topical diclofenac can be considered as medically necessary.

30 Patches of Lidoderm 5% with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Topical analgesics Page(s): 56-57, 111-113, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch) p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work-related injury in October 2012 and is being treated for pain throughout the spine. Medications were providing 50% pain relief and allowing for improved activity tolerance including walking and sitting. She was gastrointestinal upset with oral medications. When seen, there was increasing neck and low back pain. She was using TENS to try to avoid oral medications. There was an antalgic and the claimant is obese. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, the claimant is already using topical diclofenac and there are other topical treatments that could be considered. Lidoderm is not medically necessary.