

<b>Case Number:</b>	CM15-0144133		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Pennsylvania, Ohio, 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 52 year old male, who sustained an industrial injury on 09-24-2014. The injured worker is currently permanent and stationary and temporarily totally disabled. The injured worker is currently diagnosed as having chronic mechanical back and right leg radicular symptoms, underlying lumbar degenerative spine changes, and rule out lumbar disc protrusion and stenosis. Treatment and diagnostics to date has included lumbar spine MRI, use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. In a progress note dated 06-25-2015, the injured worker presented for a re-examination regarding his low back pain, which was rated an 8 out of 10 on the pain scale. The physician noted that a lumbar spine MRI dated 06-09-2015 showed broad based bulging at L2-3, L3-4, and L5-S1. Objective findings included slightly antalgic gait, marked lumbosacral spasm, restricted lumbar range of motion, and lumbar spine tenderness. The treating physician reported requesting authorization for Lidocaine 5% patch and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% patch Qty 30:** 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 Topical Lidoderm Page(s): 112.

**Decision rationale:** MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.

**Tramadol HCL (hydrochloride) 150 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol Page(s): 78-80; 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.