

Case Number:	CM15-0145227		
Date Assigned:	08/06/2015	Date of Injury:	01/07/2015
Decision Date:	09/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57-year-old female, who sustained an industrial injury on January 7, 2015. She reported an injury to her right shoulder, right hand, neck and back. She was diagnosed with a cervical strain, hand contusion, hand strain, shoulder strain, thoracic back sprain and wrist sprain. Treatment to date has included diagnostic imaging, modified activities, opioid medications, physical therapy, home exercise program, cervical epidural steroid injection, and diagnostic imaging. Currently, the injured worker complains of neck pain going down into the right arm. She reports that her pain has improved by 50% and her range of motion has increased following a cervical epidural steroid injection on May 15, 2015. She rates her pain an average 6 on a 10-point scale and notes that the pain level has decreased since her last evaluation. Her activity level and sleep level has improved. On physical examination, the injured worker has no cervical lordosis, asymmetry or abnormal curvature. Her cervical range of motion is restricted in all directions. She has negative Spurling's maneuver and Adson's test. She has decreased sensation to touch over the right C6 dermatome. The diagnoses associated with the request include cervical radiculopathy, cervical degenerative disc disease and cervical disc displacement. The treatment plan includes home exercise program, neurosurgical evaluation, and continuation of 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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Ultram 50mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The MTUS also supports clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal evidence of objective urine toxicology screen or the above pain assessment. Without clear documentation per MTUS Guidelines, the request for Ultram is not medically necessary.

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: Lidoderm Patches 5% #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons, the request for Lidoderm Patches 5% is not medically necessary.