

<b>Case Number:</b>	CM15-0162350		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 43-year-old female who sustained an industrial injury on 6-4-13. Her initial complaints are not available for review. However, the orthopedic report dated 7-24-13 indicates that the injury was sustained due to a fall while at work. She was diagnosed at that time with lumbosacral disc protrusion and strain, as well as right knee sprain - rule out meniscus or chondral injury. She was noted to have undergone lumbar spine and sacrococcygeal x-rays, as well as a left hip x-ray and right knee x-rays. She also underwent an MRI of the lumbar spine on 7-8-13. At the time of the report, she had received oral medications, intramuscular injections and physical therapy. No improvement was noted from the treatment. An MRI of the right knee and a surgical consultation was recommended in September 2013 due to continued right knee pain "with locking". The PR-2, dated 3-19-14, indicates that she continued to complain of lower back pain, as well as right knee pain. She was diagnosed with lumbar sprain, thoracic or lumbosacral neuritis or radiculitis, internal derangement of the right knee, difficulty in walking, and right knee surgery on 9-30-13. The recommended treatment was to receive traction and mechanical therapy, as well as electrical stimulation therapy and infrared therapy. Other recommendations included myofascial release - soft tissue therapy and chiropractic manipulation. An MRI of the lumbar spine was ordered. In April 2014, an MRI of the right knee was recommended to "establish the presence of any further knee pathology" and a referral to acupuncture was made for the lumbar spine and right knee. An orthopedic report dated 7-8-15 indicates that the injured worker complained of "grinding pain in the low back region", as well as "intermittent throbbing pain" of the right knee. The pain was noted to impair her activities of daily living and was

causing feelings of depression. The report indicated that she developed "an onset of upset stomach as a result of stress brought on by the work-related injury" and was having difficulty sleeping. The treatment plan was to request authorization for Ultram and Lidoderm patches.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidoderm patch 5 percent #30, 12 hrs on and 12 hrs off: 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 analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The request for use of Lidoderm patches as above is not medically necessary.

#### **Ultram 50mg #60, 1 PO Q6-8h prn: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids, Weaning of medications, Opioids specific drug list Page(s): 124, 91, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, the claimant had 7/10 pain with the use of Tylenol and NSAIDs. Trial of Tramadol as above to improve pain relief is appropriate and medically necessary.