

Case Number:	CM15-0190536		
Date Assigned:	10/02/2015	Date of Injury:	10/03/2013
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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:

The injured worker is a 43 year old female who sustained an industrial injury on 10-03-2013. Medical records indicated the worker was treated for lumbar radiculopathy to both lower extremities, right greater than left, and lumbar facet arthropathy in the right side, lumbar myofascial pain, and sacroiliitis right side. In the provider notes of 07-01-2015, the injured worker complains of pain in the mid back that radiated to the bilateral legs with positive facet loading test bilaterally. On a scale of 0-10, the lower back pain is rated a 5, the right hip pain is rated a 5, and the left ankle pain is rated a 5. Examination notes tenderness to palpation of the lumbar spine, positive straight leg raise bilaterally, decreased sensation in the L5 distribution, positive facet loading, and full muscle strength in all groups. Medications include Flexeril, Tramadol, Celebrex, Excedrin, and Lidoderm. Plans include continuation of those medications. A request for authorization was submitted for Tramadol 37.5/325 mg #90, and Lidoderm patch 5% #30. A utilization review decision 08-31-2015 stated that Tramadol 37.5/325 mg #90 was not medically necessary, however, due to the nature of the drug, weaning was recommended. The request for Lidoderm patch 5% #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury when she twisted and fell in October 2013 with injury to the low back, right hip, and left ankle. She continues to be treated for chronic pain. When seen, pain was rated at 5/10. She was beginning to have left ankle pressure and swelling due to activity which would increase pain to 8/10. There had been significant pain relief after a right sacroiliac joint injection but the pain had gradually come back. Physical examination findings included midline and paravertebral lumbar tenderness. There was decreased left lower extremity sensation with positive straight leg raising. Facet loading was positive bilaterally. Fabere testing was positive on the right side. Medications were Flexeril, tramadol, Celebrex, Lidoderm, and Excedrin which were continued unchanged. Tamadol/acetaminophen is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury when she twisted and fell in October 2013 with injury to the low back, right hip, and left ankle. She continues to be treated for chronic pain. When seen, pain was rated at 5/10. She was beginning to have left ankle pressure and swelling due to activity which would increase pain to 8/10. There had been significant pain relief after a right sacroiliac joint injection but the pain had gradually come back. Physical examination findings included midline and paravertebral lumbar tenderness. There was decreased left lower extremity sensation with positive straight leg raising. Facet loading was positive bilaterally. Fabere testing was positive on the right side. Medications were Flexeril, tramadol, Celebrex, Lidoderm, and Excedrin which were continued unchanged. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm 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. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.