

Case Number:	CM15-0191016		
Date Assigned:	10/05/2015	Date of Injury:	06/09/2011
Decision Date:	12/14/2015	UR Denial Date:	09/08/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 42 year old female, who sustained an industrial injury on 6-9-11. The injured worker was diagnosed as having chronic lumbar strain primarily involving the right sacroiliac joint. Treatment to date has included 6 acupuncture sessions, chiropractic treatment, a home exercise program, and medication including Tramadol, Lidoderm patches, and Flexeril. Physical examination findings on 8-26-15 included restricted lumbar spine range of motion with tenderness over the right sacroiliac joint and right lumbar paraspinal muscles. On 8-26-15 the treating physician noted "the patient has improved significantly with acupuncture sessions." The injured worker had been taking Tramadol and using Lidoderm patches since at least May 2015. The injured worker's pain ratings were not noted in the submitted documentation. On 8-26-15, the injured worker complained of low back pain. On 8-26-15 the treating physician requested authorization for Tramadol 50mg #60, Lidoderm patches 5% #30, Zanaflex 4mg #30, and Acupuncture 1x4. On 9-8-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #60: 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 for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: MTUS 2009 recommends against the sustained use of opioids when used to treat chronic non-cancer pain. Functional benefit is the primary criterion for ongoing use. This patient does not demonstrate significant functional improvement while using the tramadol. This request for tramadol is not medically necessary.

Lidoderm Patch 5 Percent #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).

Decision rationale: MTUS 2009 states that Lidoderm patches are a second line option used to treat peripheral nerve conditions such as postherpetic neuralgia and painful diabetic neuropathy. This patient is not diagnosed with either condition. The medical records do not explain why the lidocaine patches are used in this case. The patient continues with significant functional limitations which indicates that the Lidoderm patches are not effective. This request for Lidoderm patches is not medically necessary.

Zanaflex 4 MG #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): Muscle relaxants (for pain).

Decision rationale: MTUS 2009 recommends against the sustained use of muscle relaxants. Zanaflex is an anti-spasticity agent which is specifically recommended for use in spasticity. It can also be used to treat chronic low back pain. However in this case the patient has not demonstrated significant functional recovery. Zanaflex's use is not supported by MTUS 2009 and it is not indicated for foot conditions. Zanaflex is not medically necessary.

Acupuncture 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS 2009 states that additional acupuncture can be provided after an initial trial if there is objective functional improvement. The patient has not demonstrated object to functional improvement after ongoing acupuncture. This request for additional acupuncture is not medically necessary.