

Case Number:	CM15-0205543		
Date Assigned:	10/22/2015	Date of Injury:	06/13/2008
Decision Date:	12/04/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina, Georgia
 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 57 year old male, who sustained an industrial injury on 06-13-2008. A review of the medical records indicates that the worker is undergoing treatment for left meniscus tear, myofascial pain, chronic pain and lumbar sprain and strain. Subjective complaints (03-07-2015, 08-01-2015 and 09-05-2015) included left knee and bilateral shoulder pain rated as 1-2 out of 10. Tramadol was noted to be very helpful and Lidopro ointment was noted to be very helpful for managing pain and keeping Tramadol intake minimal, however there was no indication as to pain ratings before medication use or duration of pain relief obtained from use of these medications. Objective findings (03-07-2015, 08-01-2015 and 09-05-2015) included diffuse tenderness to palpation of the left knee and minimum tenderness to palpation of the lumbar paraspinal muscles. Treatment has included Naproxen, Tramadol (since at least 01-31-2015), Lidopro cream (since at least 01-31-2015), surgery and a home exercise program. A utilization review dated 09-22-2015 non-certified a request for Lidopro cream 121 gm and modified a request for Tramadol HCL-APAP 37.5-325 mg #60 to certification of Tramadol HCL-APAP 37.5-325 mg #40 between 9-5-2015 and 11-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL/APAP 37.5/325mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS allows for the use of opioid medication, such as tramadol/APAP, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with tramadol/APAP, therefore is not medically necessary.

Lidopro cream 121gm: Upheld

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

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

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Lidopro cream contains methyl salicylate, menthol, capsaicin and lidocaine. Methyl salicylate is a non steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, Lidopro cream is not medically necessary and the original UR decision is upheld therefore is not medically necessary.