MAXIMUS Federal Services

Case Number:	CM15-0208432		
Date Assigned:	10/27/2015	Date of Injury:	11/10/2009
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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, North Carolina
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 52 year old female, who sustained an industrial injury on 11-10-09. Medical records indicate that the injured worker is undergoing treatment for a lumbar spine sprain-strain, bilateral elbow lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral shoulder sprain and cervical spine sprain-strain with right upper extremity radiculopathy. The injured worker is currently working. On (9-22-15) the injured worker complained of right elbow pain. Objective findings revealed tenderness to palpation, a decreased range of motion and a positive Cozen's sign. A pain level was not noted. Treatment and evaluation to date has included medications, MRI of the right upper extremity and chiropractic treatments. Current medications include Ultram (new prescription) and Lidoderm patches (since at least July of 2015). The injured worker did not have any adverse side effects from the medications and no aberrant drug taking behaviors. The Request for Authorization dated 9-22-15 included requests for Lidoderm patches 5% and Ultram 50mg #120. The Utilization Review documentation dated 10-13-15 non-certified the requests for Lidoderm patches 5% and Ultram 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #120 (DOS: 09-22/2015) DS: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: Ultram (Tramadol) is a centrally acting synthetic opioid indicated for short-term use in treating moderate to moderately severe pain. Pain reduction and functional improvement must be documented to recommend ongoing use. In this case, the patient complains of chronic neck shoulder, elbow, wrist and low back pain. There is no evidence in the medical records submitted of functional improvement with the use of Tramadol. Therefore, the request is not medically necessary or appropriate.

Lidoderm Patch 5%, #30 (DOS: 09/22/2015) DS: 30: Upheld

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

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

Decision rationale: In this case, the request is for Lidoderm patches, for use as a topical analgesic. CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Topical Lidocaine is only approved in the form of a lidocaine patch. Guidelines require the trial and failure of first-line agents for neuropathic pain, such as antidepressants and anti-convulsant medications, before considering topical agents. In this case, there is no evidence of trial and failure of first-line agents. In addition, Lidoderm is only FDA approved for post-herpetic neuralgia, which this patient does not have. Therefore, the request is not medically necessary or appropriate.