

Case Number:	CM15-0210877		
Date Assigned:	10/29/2015	Date of Injury:	03/12/2015
Decision Date:	12/15/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, 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:

This is a 56 year old male patient, who sustained an industrial injury on 3-12-2015. Diagnoses include right hip osteoarthritis, secondary right hip synovitis, joint debris, and loose bodies and degenerative labral tear, and chronic back pain. Per the doctor's note dated 8/5/15, he had complaints of pain around right groin and buttock area. Per the doctor's note dated 7-17-15, he had complaints of no changes in the pain of the right hip and groin. He reported altered sleep. The physical examination revealed positive right hip flexion stress test, positive right Patrick test as well as right groin pain with right femoro-acetabular test, ambulate with a single point cane with an antalgic gait. The records documented Grilise 600mg, Lidocaine 5% patches, and Ultram 50mg were prescribed since at least 4-29-15. The record documented "he has had relief with this medication." He had right lower extremity MRI on 4/8/15 which revealed findings of hip osteoarthritis and joint effusion. Treatments to date include activity modification and medication therapy. The plan of care included continuation of previously prescribed medications. The appeal requested authorization for Lidoderm 5% patches, apply twelve hours daily as needed #30 and Ultram 50mg, one tablet every six hours as needed for pain #60. The Utilization Review dated 10-26-2015, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #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: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." "There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressant is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm 5% patches #30 is not fully established for this patient.

Ultram 50mg #60: Overturned

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 for neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain..." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided the patient had chronic right hip and groin pain. The patient has objective findings on the physical exam- positive right hip flexion stress test, positive right Patrick test as well as right groin pain with right femoro-acetabular test, ambulate with a single point cane with an antalgic gait. There was evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram 50mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.