

Case Number:	CM15-0218818		
Date Assigned:	11/10/2015	Date of Injury:	03/01/2008
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 65 year old male, who sustained an industrial injury on 3-1-2008. The medical records indicate that the injured worker is undergoing treatment for lumbar facet syndrome, degenerative disc disease of the lumbar spine, dorsalgia, and muscle spasm of back. According to the progress report dated 10-15-2015, the injured worker presented with complaints of lower backache. On a subjective pain scale, he rates his pain 7 out of 10 with medications and 9.5 out of 10 without. He notes that the medications are working well. The physical examination of the lumbar spine reveals tenderness to palpation with spasm over the paravertebral muscles, bilaterally, restricted range of motion, and positive bilateral lumbar facet loading. The current medications are Tramadol, Neurontin, Trazodone, and Lidoderm patch (all since at least 4-30-2015). The treating physician states that "function and activities of daily living improved optimally on current doses of medications". Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management, home exercise program, medial branch block, and medial branch radiofrequency neurotomy. Work status is described as permanent and stationary. The original utilization review (10-28-2015) had non-certified a request for Lidoderm 5% patch, Tramadol 50mg #90, and Neurontin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% #30 with two refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured worker's working diagnoses are dorsalgia unspecified; and muscle spasm of back. Date of injury is March 1, 2008. Request for authorization is October 21, 2015. According to an April 30, 2015 progress note, the injured worker has ongoing low back pain. Medications include Lidoderm patch, tramadol and Neurontin. Pain score is 5.5/10. According to the most recent progress note dated October 15, 2015, the worker has ongoing low back pain 7/10. There are no new injuries. Medication doses and frequency remain the same. Objectively, there is spasm and tenderness in the bilateral paraspinal muscles lumbar spine. There is positive facet loading. There is negative straight leg raising and normal motor function. There is no documentation demonstrating objective functional improvement to support the ongoing use of Lidoderm 5%. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement, Lidoderm 5% #30 with two refills is not medically necessary.

Tramadol Hcl 50mg #90 with 2 refills: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol HCl 50 mg #90 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are dorsalgia unspecified; and muscle spasm of back. Date of injury is March 1, 2008. Request for authorization is October 21, 2015. According to an April 30, 2015 progress note, the injured worker has ongoing low back pain. Medications include Lidoderm patch, tramadol and Neurontin. Pain score is 5.5/10. According to the most recent progress note dated October 15, 2015, the worker has ongoing low back pain 7/10. There are no new injuries. Medication doses and frequency remain the same. Objectively, there is spasm and tenderness in the bilateral paraspinal muscles lumbar spine. There is positive facet loading. There is negative straight leg raising and normal motor function. There is no documentation demonstrating objective functional improvement to support the ongoing use of tramadol. There is no documentation of failed first-line opiates. There are no detailed pain assessments or risk assessments. There is no documentation indicating an attempt at weaning tramadol. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed first-line opiates with detailed pain assessments and risk assessments, tramadol HCl 50 mg #90 with two refills is not medically necessary.

Neurontin 600mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepilepsy drugs (AEDs), Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 600 mg #90 with 2 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are dorsalgia unspecified; and muscle spasm of back. Date of injury is March 1, 2008. Request for authorization is October 21, 2015. According to an April 30, 2015 progress note, the injured worker has ongoing low back pain. Medications include Lidoderm patch, tramadol and Neurontin. Pain score is 5.5/10. According to the most recent progress note dated October 15, 2015, the worker has ongoing low back pain 7/10. There are no new injuries. Medication doses and frequency remain the same. Objectively, there is spasm and tenderness in the bilateral paraspinal muscles lumbar spine. There is positive facet loading. There is negative

straight leg raising and normal motor function. There is no documentation demonstrating objective functional improvement to support the ongoing use of Neurontin. There is no clinical rationale indicating what neuropathic symptoms and or signs Neurontin is treating. There is no documentation of postherpetic neuralgia or diabetic neuropathy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement to support ongoing Neurontin, Neurontin (Gabapentin) 600 mg #90 with 2 refills is not medically necessary.