

Case Number:	CM15-0224450		
Date Assigned:	11/20/2015	Date of Injury:	07/29/2009
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male, who sustained an industrial injury on 7-29-09. Medical records indicate that the injured worker is undergoing treatment for failed back syndrome and low back pain. The injured worker was noted to be permanent and stationary. On (10-6-15) the injured worker complained of back pain. Examination of the back revealed areas of tenderness. Lumbar range of motion was 80% of normal with extension and flexion. A straight leg raise and Spurling's maneuver were negative. Sensation to light touch and pinprick was intact. A pain level was not noted. Subsequent progress reports (9-1-15 and 5-22-15) also do not provide pain levels. Prior evaluations and treatments were not provided. Current medications include Lidoderm patches (since at least May of 2015), Naproxen (since at least May of 2015), Lunesta, Norco and Robaxin. The injured worker noted that Naproxen itself is not helping his pain. Lidoderm patches do help his pain. The treating physician recommended starting the injured worker on Ultram as well. The injured worker had taken Ultram in the past with no problems. The current treatment requests are for Naproxen 500mg #60, Ultram 50mg #60 and Lidoderm patch 5% #60. The Utilization Review documentation dated 10-16-15 non-certified the requests for Naproxen 500mg #60, Ultram 50mg #60 and Lidoderm patch 5% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in July 2009 and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. In May 2015 he had been hospitalized due to a nervous breakdown. He was trying to participate in a pain program. An outpatient drug recovery program was recommended. When seen in October 2015 he had continued pain without any changes. VAS pain scores were not recorded. He reported that naproxen was not helping with pain. He wanted to continue using Lidoderm. He had previously taken Ultram without problems and wanted to resume taking it. Physical examination findings included a normal body mass index. There was lumbar tenderness with decreased range of motion. Straight leg raising was negative. There was a normal neurological examination. Naproxen 550 mg #60, Lidoderm, and Ultram 50 mg #60 was prescribed. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain, but despite dosing that is within guideline recommendations, this medication is not helping. Continued prescribing is not considered medically necessary.

Ultram 50mg #60: Upheld

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

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

Decision rationale: The claimant sustained a work injury in July 2009 and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. In May 2015 he had been hospitalized due to a nervous breakdown. He was trying to participate in a pain program. An outpatient drug recovery program was recommended. When seen in October 2015 he had continued pain without any changes. VAS pain scores were not recorded. He reported that naproxen was not helping with pain. He wanted to continue using Lidoderm. He had previously taken Ultram without problems and wanted to resume taking it. Physical examination findings included a normal body mass index. There was lumbar tenderness with decreased range of motion. Straight leg raising was negative. There was a normal neurological examination. Naproxen 550 mg #60, Lidoderm, and Ultram 50 mg #60 was prescribed. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. In this case, when requested, VAS

score were not recorded. Without a baseline assessment of the claimant's pain, prescribing Ultram cannot be accepted as being medically necessary.

Lidoderm patch 5% #60: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in July 2009 and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. In May 2015 he had been hospitalized due to a nervous breakdown. He was trying to participate in a pain program. An outpatient drug recovery program was recommended. When seen in October 2015 he had continued pain without any changes. VAS pain scores were not recorded. He reported that naproxen was not helping with pain. He wanted to continue using Lidoderm. He had previously taken Ultram without problems and wanted to resume taking it. Physical examination findings included a normal body mass index. There was lumbar tenderness with decreased range of motion. Straight leg raising was negative. There was a normal neurological examination. Naproxen 550 mg #60, Lidoderm, and Ultram 50 mg #60 was prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.