

Case Number:	CM15-0033347		
Date Assigned:	02/26/2015	Date of Injury:	06/21/2012
Decision Date:	04/10/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 40-year-old male who sustained an industrial lifting injury to his back on June 21, 2012. The injured worker was diagnosed with lumbar facet arthropathy and lumbar radiculitis. According to the primary treating physician's progress, report on February 4, 2015 the injured worker continues to be unchanged with respect to pain. It is described as dull and periodically flares up with radiation to the right leg. Examination of the lumbar spine noted flexion at 45 degrees, extension at 20 degrees with right and left lateral flexion and right and left rotation within normal limits. Special testing was negative for straight leg raise, supine straight leg raise, Faber's, facet loading and piriformis stretching. Neurovascular, motor strength and deep tendon reflexes were within normal limits. Current medications consist of Cymbalta, Ibuprofen, Tramadol, and Lidoderm Patch. Treatment modalities consist of physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulation (TEN's) unit, home exercise program and medication. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for Tramadol 37.5/325mg #60; Ibuprofen 600mg #60; Lidocaine Patch #10. On February 17, 2015 the Utilization Review denied certification for Ibuprofen 600mg #60; Lidocaine Patch #10. On February 17, 2015, the Utilization Review modified the request for Tramadol 37.5/325mg #60 to Tramadol 37.5/325mg to allow for 1 month for weaning purposes. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. There is no documentation about the efficacy and adverse reaction profile of previous use of Tramadol. There is no documentation for recent urine drug screen to assess compliance. Therefore, the request for Tramadol 37.5/325mg #60 is not medically necessary.

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation about the duration of the prescription of Ibuprofen and the rationale behind that. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic back pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. Therefore, the prescription of Ibuprofen 600 mg #60 is not medically necessary.

Lidocaine Patch #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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". In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidocaine patch is unclear. There is no documentation of efficacy of previous use of Lidocaine patch. Therefore, the prescription of Lidocaine Patch #10 is not medically necessary.