

Case Number:	CM15-0037612		
Date Assigned:	03/06/2015	Date of Injury:	09/27/2004
Decision Date:	04/10/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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, Washington

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 49-year-old female who reported an injury on 09/27/2004. The mechanism of injury involved a fall. The current diagnosis is major depressive disorder. The injured worker was evaluated on 02/19/2015. The injured worker reported severe pain affecting the ability to walk. The current medication regimen includes Valium 10 mg, Neurontin 300 mg, tramadol 300 mg, and Topamax 25 mg. Upon examination, there was a guarded and withdrawn demeanor. There was no musculoskeletal examination provided for review. The injured worker was instructed to continue with the current pain medication regimen. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg, one po qid prn for pain, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drugs List Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has utilized the above medication since at least 11/2014. There was no mention of a failure of non-opioid analgesics. Despite the ongoing use of this medication, the injured worker continues to present with complaints of severe pain. In the absence of significant functional improvement, the ongoing use of tramadol 50 mg would not be supported. Given the above, the request is not medically appropriate.

Lidoderm 5% (700/mg patch), apply to painful SI joint daily, 12 hrs on and 12 hrs off #60:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines recommend lidocaine for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants, or an anticonvulsant. In this case, there was no objective evidence of neuropathic pain or localized peripheral pain. There was also no evidence of a failure of first line therapy. Given the above, the request is not medically appropriate at this time.