MAXIMUS Federal Services

Case Number:	CM15-0042193		
Date Assigned:	03/12/2015	Date of Injury:	11/01/2011
Decision Date:	04/15/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/05/2015

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: Arizona, 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:

The injured worker is a 50-year-old male, who sustained an industrial injury on November 1, 2011. He reported low back pain with pain, numbness and tingling extending down the right leg. The injured worker was diagnosed as having lumbar musculoligamentous sprain/strain with attendant right sacroiliac joint sprain, right piriformis syndrome, multilevel disc desiccation, disc protrusions, foraminal stenosis and gastrointestinal upset secondary to long-term medication use. Treatment to date has included diagnostic studies, medications, injection and chiropractic treatment. On February 11, 2015, the injured worker complained of low back and buttock pain. Notes stated that he remained unchanged. Some of the handwritten note was illegible. The treatment plan included work restrictions, Ultram medication and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 MG 1-2 By Mouth Every Day As Needed #30: 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): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. The physician had previously discontinued the Tramadol on 9/20/14 due to heart problems. However subsequent notes indicate the claimant remained on Tramadol. A progress note from 11/2014 indicated the claimant had 7/10 pain with medication and 9/10 without pain medication. Recent noted did not indicate pain level. Long-term use is not indicated There was no mention of Tylenol failure. Continued use of Tramadol is not medically necessary.

Lidoderm Patches 5 Percent, 1 Patch Every 12 Hours on 12 Hours off to Bilateral Piriformis #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.