

Case Number:	CM15-0063160		
Date Assigned:	04/09/2015	Date of Injury:	05/23/2002
Decision Date:	05/08/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old male who sustained an industrial injury on 5/23/2002. His diagnoses, and/or impressions, include: lumbar disc disease - status-post discectomy; failed lower back syndrome and lumbar pain; left leg radiculopathy with pain, numbness and foot drop; constipation secondary to opiate medication use; and Hepatitis C after being on a combination of opiates and Tylenol-containing medications x 3 years. No current magnetic resonance imaging studies are noted. An electrodiagnostic study was stated to have been done on 7/13/2012. His treatments have included lumbar spine surgery (1/16/03); umbilical herniorrhaphy (10/4/02); and medication management. The progress notes of 3/19/2015, noted complaints of persistent, moderate low back pain that is barely managing his pain on the bare-minimum, decreased dose of Norco, that he takes in the morning when his pain is at its worst, and with Tramadol ER, taken twice a day, to manage his pain daily. The injured worker describes that on his current doses he is going to be in significant pain and awakening in significant pain. It was noted that this injured worker was doing his best to tolerate his pain on the weaned down dose of Norco, taken with his Tramadol twice a day, but states that without these medications he will have a very hard time getting out of bed or getting out, and will experience a significant decrease in his ability to function and do chores. The physician's requests for treatments included Tramadol and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #33: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 59 year old male has complained of lower back pain since date of injury 5/23/02. He has been treated with lumbar spine surgery, physical therapy and medications to include opioids for at least 1 month duration. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not medically necessary.

Lidoderm patch %5 #1: Upheld

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

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

Decision rationale: This 59 year old male has complained of lower back pain since date of injury 5/23/02. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for Lidoderm patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Medrox patch is not medically necessary.