

Case Number:	CM15-0085743		
Date Assigned:	05/07/2015	Date of Injury:	03/27/1997
Decision Date:	06/10/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/04/2015

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:

This 72 year old woman sustained an industrial injury on 3/27/1997. The mechanism of injury is not detailed. Recommendations include lumbar degenerative disc disease, bilateral hip pain, left foot pain, myofascial pain, sciatica, arthritis of the back, and low back pain. Treatment has included oral and topical medications and surgical intervention. Physician notes dated 4/13/2015 show complaints of back, worsening left hip, groin, and occasionally down to the left foot pain. Recommendations include urine drug screening, Lidoderm, Voltaren gel, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 520mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in 1997 and continues to be treated for the low back pain and left hip pain. She underwent hip replacement surgery in May 2013. When seen, she was having worsening hip pain. Voltaren gel is referenced as having provided 80% pain relief. Although the assessment references the claimant as unable to tolerate oral non-steroidal anti-inflammatory medication due to gastric upset, Celebrex was being prescribed. Physical examination findings included decreased lumbar spine range of motion and tenderness. There was trochanteric bursa tenderness bilaterally. At a previous visit, medications are referenced as helping somewhat. Opioid risk assessment has been done and urine drug testing has been consistent with the medications prescribed. Medications include tramadol being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Tramadol is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of tramadol is not medically necessary.

Voltaren Topical Gel 1% 300gm, with 2 refills: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in 1997 and continues to be treated for the low back pain and left hip pain. She underwent hip replacement surgery in May 2013. When seen, she was having worsening hip pain. Voltaren gel is referenced as having provided 80% pain relief. Although the assessment references the claimant as unable to tolerate oral non-steroidal anti-inflammatory medication due to gastric upset, Celebrex was being prescribed. Physical examination findings included decreased lumbar spine range of motion and tenderness. There was trochanteric bursa tenderness bilaterally. At a previous visit, medications are referenced as helping somewhat. Opioid risk assessment has been done and urine drug testing has been consistent with the medications prescribed. Medications include tramadol being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, Celebrex is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not medically necessary.

Lidoderm 5% topical film, #30 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch) (2) Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in 1997 and continues to be treated for the low back pain and left hip pain. She underwent hip replacement surgery in May 2013. When seen, she was having worsening hip pain. Voltaren gel is referenced as having provided 80% pain relief. Although the assessment references the claimant as unable to tolerate oral non-steroidal anti-inflammatory medication due to gastric upset, Celebrex was being prescribed. Physical examination findings included decreased lumbar spine range of motion and tenderness. There was trochanteric bursa tenderness bilaterally. At a previous visit, medications are referenced as helping somewhat. Opioid risk assessment has been done and urine drug testing has been consistent with the medications prescribed. Medications include tramadol being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.