

Case Number:	CM15-0088064		
Date Assigned:	07/16/2015	Date of Injury:	04/29/2008
Decision Date:	08/13/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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

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 31 year old female who sustained an industrial injury on 4/29/08. She had complaints of right foot pain. She had surgery on her 5th toe. Primary treating physician's progress report dated 4/13/15 reports continued complaints of right lower extremity pain. She had a second surgery on the left foot in 2009 which caused the pain to spread to the entire leg. She has a spinal cord simulator in place for the right leg which provides 20-30% relief in pain. The right lower extremity pain is described as constant, burning, stabbing, aching and pin and needles, rated 10/10 without medication and 7/10 with medication. Diagnoses include: complex regional pain syndrome right lower extremity, chronic pain syndrome, numbness, right ankle pain, right limb pain, insomnia, depression/anxiety and complex regional pain syndrome right upper extremity. Plan of care includes: resume cymbalta, continue Tramadol and Gralise, try Lidoderm patches for complex regional pain syndrome of the right lateral foot. Work status: not working. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is indication that the patient has good therapeutic response to first-line therapies including Gralise and Cymbalta. As such, the currently requested Lidoderm is not medically necessary.

Tramadol 150mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain according to a progress note on 5/11/2015. The patient has no documented side effects, and a recent urine drug screen on 4/27/2015 showed consistent use of current opioid medications. As such, the currently requested Tramadol is appropriate and medically necessary.