

Case Number:	CM14-0213061		
Date Assigned:	12/30/2014	Date of Injury:	12/21/2007
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/19/2014

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: 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:

According to the medical records the patient is a 41-year-old laborer who sustained an industrial injury on December 21, 2007 at which time he fell off a ladder. He is status post right shoulder surgery on December 28, 2014. Most recently he has undergone right knee surgery. He is diagnosed with chronic low back, right elbow, neck, and right knee pain. The patient was seen on November 12, 2014 at which time he reported anxiety, depressed mood, sleep disturbance, struggling with activities of daily living and worry about financial strain. On physical examination, it is noted that the patient appears anxious, depressed and tired. He was diagnosed with sleep disorder due to pain, insomnia type, knee tendinitis/bursitis, lumbar disc displacement without myelopathy, depressive disorder, and shoulder tendinitis/bursitis. Medications consists of Lidall patch/lidocaine and Ultram ER 150 mg #60. Utilization review was performed on November 19, 2014 at which time the request for Relafen and Prilosec was certified. The request for Ultram ER and Lidall patch was noncertified. The MTUS guidelines were cited. The peer reviewer noted that Ultram ER is not indicated as the patient has not been showing improvement in pain levels. It was also noted that the patient had previously begun weaning process from tramadol in May 2014 and urine drug screen on November 5, 2014 had tested negative for tramadol. With regards to Lidall patch, it was noted that this topical analgesic contains lidocaine and menthol. The guidelines did not make a recommendation for menthol and lidocaine was recommended for localized peripheral pain after evidence of a trial of first-line therapy such as gabapentin or Lyrica or tricyclic or SNRI antidepressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg quantity 60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Chronic Pain Treatment Guidelines, chronic use of opioids is not recommended. The guidelines also state that if opioids are to be continued, there must be documented improvement in pain and function. In this case, the patient has been on opioids for an extended period of time and there is no evidence of improvement in pain or function. It should also be noted that long-term use of opioids leads to dependence and tolerance. The request for Ultram ER 150 mg #60 with five refills is therefore not medically necessary.

Lidall patch 4% lidocaine quantity 10 with 5 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): 110-112.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that 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). The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the patient is diagnosed with sleep disorder due to pain, insomnia type, knee tendinitis/bursitis, lumbar disc displacement without myelopathy, depressive disorder, and shoulder tendinitis/bursitis. The medical records do not establish evidence of localized peripheral pain to support consideration for Lidall Patches. The request for Lidall patch 4% lidocaine quantity 10 with 5 refills is not medically necessary.