

<b>Case Number:</b>	CM15-0007254		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/25/1995
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 7/25/1995. On 1/13/15, the injured worker submitted an application for IMR for review of Lidoderm patch 5% #30, and Tramadol HCL 50mg #60. The treating provider reported the injured worker complains of neck pain radiating from neck down both arms and back pain radiating from low back down both legs. The diagnoses have included neck sprain and strain, mood disorders in conditions classified elsewhere, pain in joint, shoulder region, displacement lumbar intervertebral disc without myelopathy, other and unspecified disc disorder of lumbar region, cervicobrachial syndrome, brachial neuritis or radiculitis NOS, unspecified backache, disorders of sacrum. Treatments to date include a right sacroiliac joint steroid injection, cervical epidural steroid injections, TENS unit, physical therapy/home exercise, labs for urine toxicology, and medication for pain. Diagnostics have included multiple lumbar and cervical MRIs, multiple x-rays for spine and right shoulder, EMG/NCS. On 12/11/14 Utilization Review certified Lidoderm patch 5% #30, and Tramadol HCL 50mg #60 was non-certified citing the MTUS Chronic Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

**Decision rationale:** The claimant has a remote history of the work injury occurring nearly 20 years ago. She continues to be treated for complaints including radiating neck and low back pain. 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.

**Tramadol HCL 50mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 based on Non-MTUS Citation Tramadol ER Prescribing Information

**Decision rationale:** The claimant has a remote history of the work injury occurring nearly 20 years ago. She continues to be treated for complaints including radiating neck and low back pain. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Tramadol ER was medically necessary.