MAXIMUS Federal Services

Case Number:	CM15-0107481		
Date Assigned:	06/15/2015	Date of Injury:	02/13/2006
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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: Florida
Certification(s)/Specialty: Neurology, 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 was a 63 year old female, who sustained an industrial injury, February 13, 2006. The injury was sustained when the injured worker was carrying a pan of rice and slipped on some oil and water that spoiled over the pan. The injured worker previously received the following treatments Tramadol, Voltaren gel, Lidoderm patches, epidural injection, physical therapy, acupuncture, back support and TENS (transcutaneous electrical nerve stimulator) unit two times daily. The injured worker was diagnosed with lumbosacral sprain, lumbosacral neuritis, chronic lumbar discogenic pain, plateau, disc protrusion annular tear L4-L5 and L5-S1, right lumbar radicular syndrome and bowel dysfunction. According to progress note of April 23, 2015, the injured workers chief complaint was lumbar spine pain with radiation into the right lower extremity. The right lower extremity felt like pins and needles, numbness and tingling. Sitting intensified the pain. Walking and stretching helped the pain. The injured worker rated the pain at 4out of 10. The physical exam noted normal gait on the tiptoes and heels. There was restricted range of motion in the lumbar spine. The injured worker had 75% of flexion, 50% of extension, lateral bending and rotation of 75%. There was no tenderness with palpation. The straight leg raises were positive on the right, which caused right side back pain. The treatment plan included prescriptions for Tramadol and Lidocaine Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: The medical records provided for review indicate pain in the back with reported previous use of NSAID to treat the pain. However, the medical records do not indicate specific pain assessment using validated instruments to review functional ability or include opioid risk mitigation tools. MTUS supports the use of opioid as secondary line of treatment of pain that has failed other therapy and for whom opioid risk assessment and functional evaluation for determining response to treatment has been established. As such, the medical records provided for review does not support treatment of Ultram at this time. The request is not medically necessary.

Lidocaine gel 2%, quantity: 1: 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.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records report do not indicate poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. The request is not medically necessary.