

<b>Case Number:</b>	CM15-0113609		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Arizona, 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 9/26/08. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar radiculopathy; lumbar degenerative disc disease. Treatment to date has included left L5-S1 epidural steroid injection (2013); urine drug screening; medications. Currently, the PR-2 notes dated 5/28/15 indicated the injured worker complains of left sided calf pain which is worse after work. He is able to lie down after work and pain medications are helping the pain. He is able to function with medications and continue to work. Without the medications, he would not be able to work. The injured worker complains of more pain with lateral bending. Suspect is noted due to facet joint degeneration and the provider discussed options of an epidural steroid injection as the prior one, a year ago has worn off. He is having more radicular symptoms with more shooting sharp pain rated at 3/10. On the physical examination the notes reveal tenderness and spasm of the L3-5 paraspinal muscles. Tenderness is noted at the left SI joint. He has a decreased in range of motion with extension at 5-10 degrees, flexion at 40 degrees; right lateral bending at 15 degrees but left lateral bending is noted at 10 degrees and rotation is at 15 degrees. Weakness is noted at the left dorsiflexion of the left big toe. The provider is requesting medications: LidoPro patch #30 and Tramadol 150mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted and worsened over time where an ESI was required to control pain. The claimant was on oral opioids, NSAIDS, anti-epileptics and topical analgesics. Continued and long-term use of Tramadol at maximum dose is not justified and not medically necessary.

**Lido Pro patch #30:** 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains topical Lidocaine and NSAID. 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case the claimant did not have the above diagnoses. The claimant had previously been on Terocin and topical Lidocaine. The claimant had been on oral NSAIDS and opioids. Topical NSAIDS can reach systemic levels similarly to oral opioids. Long-term use of topical analgesics such as Lidopro is not recommended. LidoPro as above is not medically necessary.