

<b>Case Number:</b>	CM15-0116746		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 52-year-old male, who sustained an industrial injury on 10/26/2010. Diagnoses have included degenerative joint disease of knees, lumbar spine degenerative disc disease, right knee internal derangement secondary to altered gait and lumbar spine sprain/strain with altered gait. Treatment to date has included physical therapy, acupuncture, lumbar epidural steroid injection and medication. According to the progress report dated 5/7/2015, the injured worker complained of his right knee giving way. He complained of gastrointestinal upset with medications. He also complained of increasing lumbar spine pain. Exam of the lumbar spine revealed tenderness to palpation. Exam of the right knee revealed tenderness to palpation. The injured worker ambulated with a cane. Authorization was requested for Ultram ER and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #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) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in October 2010 and continues to be treated for low back and right knee pain. When seen, medications were causing gastric upset. There had been a recent increase in local low back pain and he was having symptoms radiating into the lower extremities. He had difficulty walking, sitting, and standing and his right knee was giving way. Physical examination findings included decreased knee range of motion with joint line tenderness and positive patellofemoral compression testing. There was decreased spinal range of motion with left sacroiliac joint tenderness and positive Fabere and Gaenslen testing. Medications included Ultram been prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**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 sustained a work injury in October 2010 and continues to be treated for low back and right knee pain. When seen, medications were causing gastric upset. There had been a recent increase in local low back pain and he was having symptoms radiating into the lower extremities. He had difficulty walking, sitting, and standing and his right knee was giving way. Physical examination findings included decreased knee range of motion with joint line tenderness and positive patellofemoral compression testing. There was decreased spinal range of motion with left sacroiliac joint tenderness and positive Fabere and Gaenslen testing. Medications included Ultram been prescribed at a total MED (morphine equivalent dose) of 30 mg per day. 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. In this case, although the claimant has gastrointestinal upset with medications, other topical treatments could be considered. Therefore, Lidoderm was not medically necessary.