

Case Number:	CM15-0121541		
Date Assigned:	07/02/2015	Date of Injury:	04/13/2010
Decision Date:	09/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York

Certification(s)/Specialty: Emergency Medicine

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 38 year old female, who sustained an industrial injury on 4/13/2010. The current diagnoses are chronic pain syndrome, fibromyositis, and displacement of lumbar intervertebral disc without myelopathy, thoracic spine pain, neck pain, and depressive disorder. According to the progress report dated 6/2/2015, the injured worker is followed for a history of widespread pain symptoms due to work related injuries. She reviewed an ongoing number of subjective complaints including burning pain and sensitivity in her hands and feet. The level of pain is not rated. The physical examination was documented as "none recorded". The current medications are Celebrex, Cymbalta, Lidocaine patch, Protonix, Topiramate, Tramadol, and Zanaflex. The records indicate that the injured worker had ongoing treatment with Celebrex, Lidoderm patch, and Tramadol since at least 7/14/2014. Treatment to date has included medication management, x-rays, physical therapy, home exercise program, MRI studies, chiropractic, electrodiagnostic testing, trigger point injections, acupuncture, cognitive behavioral therapy, and functional restoration program. Progress notes from 4/7/2015 deemed her work status as permanent and stationary. A request for Celebrex, Lidocaine patch, and Tramadol has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In this case, there is documentation of ongoing treatment with Celebrex since at least 7/14/2014. However, there is no documentation of high-risk gastrointestinal complications with the use of NSAIDs. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on the CA MTUS guidelines and submitted medical records, the request for Celebrex is not medically necessary.

Lidocaine 700mg/patch #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, 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). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, Lidocaine is recommended for localized peripheral neuropathic pain after trials of tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica. There is documentation of evidence of a trial of first-line therapy. The records refer to ongoing treatment with Cymbalta (SNRI) and Topiramate (AED) since at least 7/14/2014. Therefore, based on MTUS guidelines and submitted medical records, the request for Lidocaine is medically necessary.

Tramadol 50mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96, 113.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Tramadol is not medically necessary.