

Case Number:	CM15-0122376		
Date Assigned:	07/14/2015	Date of Injury:	07/12/2007
Decision Date:	09/08/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/24/2015

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: Pediatrics, Internal 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 73-year-old male, who sustained an industrial injury on 7/12/07. The mechanism of injury was not documented. The injured worker was diagnosed as having low back pain, lumbosacral spondylosis without myelopathy, lumbosacral joint pain and lumbago. Treatment to date has included physical therapy, aqua therapy, chiropractic treatments, transcutaneous electrical nerve stimulation (TENS) unit and oral medications including Ultram 50mg, Gabapentin 600mg and Lidoderm 5% patch. (MRI) magnetic resonance imaging of lumbar spine performed on 11/21/14 revealed multilevel degenerative disc disease and facet arthropathy, grade 1 anterolisthesis of L5 on S1, moderate canal stenosis at L4-5, L5-S1 broad based disc bulge with neural foraminal narrowing and moderate left neural foraminal narrowing at L2-3. Currently on 6/3/15, the injured worker reports improvement of low back pain with aquatic therapy, he was not able to continue with chiropractic treatment and is able to walk for 10 minutes before pain provocation. Work status is not documented. Physical exam on 6/3/15 noted restricted lumbar range of motion, poor lumbopelvic rhythm with decreased balance, lumbar paraspinal spasm with myofascial tightness, far right paralumbar trigger point, positive right lumbar facet maneuver, resolution of right SI joint tenderness and right straight leg raises causes low back pain with mild hamstring tightness and left straight leg raising causes hamstring tightness. The treatment plan included continuation of chiropractic treatment, aqua therapy, Transcutaneous electrical nerve stimulation (TENS), lumbar brace, home exercise program and continuation of Ultram 50mg, Gabapentin 600mg and Lidoderm 5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 86.

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

Decision rationale: The medication requested for this patient is Ultram (Tramadol). According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical documentation there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The injured worker noted relief with aquatic therapy. The injured worker had received Ultram at least since 12/14. Work status is not documented. Medical necessity for the requested medication has not been established. The requested treatment with Ultram is not medically necessary.

Lidoderm 5% patch #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 04/30/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56-57.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED, such as Gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The injured worker did not have a diagnosis of post-herpetic neuralgia and improvement in pain was noted with aquatic therapy. Work status was not documented. In this case, medical necessity of the requested item has not been established. Medical necessity of the requested 5% Lidoderm patches has not been established. The requested Lidoderm patches are not medically necessary.

Gabapentin 600mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16/ 18-19, 49.

Decision rationale: CA MTUS guidelines recommend Gabapentin (an anti-epilepsy drug) as a first line treatment for diabetic painful neuropathy and post herpetic neuralgia and recommended as a trial for lumbar spinal stenosis. The recommended trial period is "three to eight weeks for titration then one to two weeks at maximum tolerated dosage." The injured worker noted low back pain with radiation to his buttock and left leg, with no other neuropathic findings. The objective findings from the provider did not indicate the symptoms were neuropathic. The injured worker does not have a diagnosis of diabetes or post-herpetic neuralgia. Additionally, the injured worker has received Gabapentin since at least 12/14. Work status is not documented. Therefore, the request for Gabapentin 600mg #60 is not medically necessary.