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| Case Number: | CM15-0123253 | | |
| Date Assigned: | 07/07/2015 | Date of Injury: | 04/12/2013 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/01/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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: California

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 (IW) is a 50-year-old female who sustained an industrial injury on 04/12/2013. Diagnoses include lumbar radiculopathy. Treatment to date has included medications, home exercise, epidural steroid injection, and physical therapy and H-wave unit. According to the progress notes dated 5/8/15, the IW reported low back pain radiating to the right leg and right foot with tingling and numbness. Stretching exercises, H-wave machine, Ibuprofen and transdermal medication helped. On examination, range of motion of the lumbosacral spine was difficult due to pain. There was tenderness over the spine and paraspinal muscles. The notes stated the IW would become anxious, feel that her blood pressure was rising, become emotional and feel overwhelmed and nauseous when she experienced pain while at work. A request was made for Ibuprofen, Lidoderm patch and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Ibuprofen, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has low back pain radiating to the right leg and right foot with tingling and numbness. Stretching exercises, H-wave machine, Ibuprofen and transdermal medication helped. On examination, range of motion of the lumbosacral spine was difficult due to pain. There was tenderness over the spine and paraspinal muscles. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ibuprofen is not medically necessary.

Lidoderm patch: Upheld

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

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

Decision rationale: The requested Lidoderm patch, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be 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)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has low back pain radiating to the right leg and right foot with tingling and numbness. Stretching exercises, H wave machine, Ibuprofen and transdermal medication helped. On examination, range of motion of the lumbosacral spine was difficult due to pain. There was tenderness over the spine and paraspinal muscles. The treating physician has not documented physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patch is not medically necessary.

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, and Tramadol Page(s): 78-82, 113.

Decision rationale: The requested Tramadol, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain radiating to the right leg and right foot with tingling and numbness. Stretching exercises, H-wave machine, and Ibuprofen and transdermal medication helped. On examination, range of motion of the lumbosacral spine was difficult due to pain. There was tenderness over the spine and paraspinal muscles. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol is not medically necessary.