

<b>Case Number:</b>	CM15-0125659		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Anesthesiology

### 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 61 year old male, who sustained an industrial injury on 05/29/2012. He has reported subsequent low back pain and was diagnosed with lumbar disc disease and lumbar radiculopathy. Treatment to date has included medication, transcutaneous electrical nerve stimulator unit, physical therapy and surgery. Documentation shows that the injured worker was prescribed Tramadol as far back as 06/05/2013 and Lidoderm patches and Anaprox were prescribed as far back as 02/05/2014. In a progress note dated 06/02/2015, the injured worker complained of 7-8/10 pain. Objective findings were notable for decreased sensation in the L5 dermatome and absent ankle reflexes. Work status was listed as permanent and stationary. A request for authorization of Anaprox 550 mg/tablet, 1 tablet every 12 hours #60 with 2 refills, Lidoderm 5%, one every 12 hours #60 with 2 refills and Tramadol 50 mg/tablet, 1 tablet every 6 hours as needed #120 with 2 refills was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg/tab; 1 tab Q12hrs #60 refill: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 57-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Anaprox.

**Decision rationale:** Naproxen (Anaprox) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis (including the knee and hip), acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, Anaprox was prescribed as far back as 02/05/2014 and there was no documentation of significant pain reduction or objective functional benefit from use of this medication. There was no indication that the injured worker had significant improvement in the ability to perform activities of daily living and work status remained unchanged. Although the physician notes that medications were helping with pain, the most recent progress notes indicate that the injured worker's pain was 7-8/10 with no significant improvement noted from previous visits. Medical necessity of the requested medication has not been established. The request for Anaprox is not medically necessary.

**Lidoderm 5%; one Q12hrs #60 refill: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% patch, 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 (tri-cyclic or SNRI anti-depressants, 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. The documentation submitted shows that the injured worker had been prescribed Lidocaine patches since at least 02/05/2014. There was no evidence of significant functional improvement or pain reduction with the use of the medication. There was no indication that the injured worker had significant improvement in the ability to perform activities of daily living and work status remained unchanged. Although the physician notes that medications were helping with pain, the most

recent progress notes indicate that the injured worker's pain was 7-8/10 with no significant improvement noted from previous visits. Therefore, the request for authorization of Lidoderm patch is not medically necessary.

**Tramadol 50mg/tab; 1 tab Q6hrs PRN #120 Refill: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

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

**Decision rationale:** 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 analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that this medication had been prescribed to the injured worker since at least 06/05/2013 and there was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. There was no documentation of the intensity of pain after taking Tramadol or the duration of pain relief. There was no indication that the injured worker had significant improvement in the ability to perform activities of daily living and work status remained unchanged. Although the physician notes that medications were helping with pain, the most recent progress notes indicate that the injured worker's pain was 7-8/10 with no significant improvement noted from previous visits. Therefore, the request for Tramadol is not medically necessary.