

<b>Case Number:</b>	CM15-0131467		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/28/2001
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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:

This is a 60 year old female who sustained a work-related injury on 3-28-01. Medical record documentation on 1-30-15 revealed the injured worker was being treated for cervical spine sprain-strain. The injured worker had C4-C5 and C6-C7 spinal fusion in 2004. The injured worker rated her neck pain a 10 on a 10-point scale with spasm. Objective findings included decreased cervical spine range of motion. Much of the documentation provided for review was not decipherable. A request for Tramadol 50 mg #120, Colace 100 mg #60 and Lidoderm patch 5% #30 was received on 6-3-15. On 6-12-15 the Utilization Review physician determined Tramadol 50 mg #120, Colace 100 mg #60 and Lidoderm patch 5% #30 were not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, California Medical Treatment Utilization Schedule, American College of Occupation and Environmental Medicine (ACOEM), and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg Qty 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury in March 2001 and is being treated for neck pain. When seen, pain was rated at 6-7/10. There was axial neck pain with decreased range of motion and cervical and moderate paravertebral muscle spasms. Review of systems was positive for blood in the stool. Medications were decreasing pain from 7-8/10 to 3-4/10. No follow-up was being planned. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management and medications were providing decreased pain. There were no identified issues of abuse or addiction. The total MED was less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary. However, no follow-up appointment was being planned. Without planned ongoing assessment of the claimant's condition or evidence of a transfer of care, the request cannot be accepted as being medically necessary.

**Colace 100 mg Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

**Decision rationale:** The claimant has a remote history of a work injury in March 2001 and is being treated for neck pain. When seen, pain was rated at 6-7/10. There was axial neck pain with decreased range of motion and cervical and moderate paravertebral muscle spasms. Review of systems was positive for blood in the stool. Medications were decreasing pain from 7-8/10 to 3-4/10. No follow-up was being planned. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. Most patients are initially treated with lifestyle modifications, such as increased fluid intake, and increased dietary fiber intake. Additional fiber intake in the form of polycarbophil, methylcellulose, or psyllium may improve symptoms. The next step in the treatment of constipation is the use of an osmotic laxative, such as polyethylene glycol, followed by a stool softener, such as docusate sodium, and then stimulant laxatives. In this case, the claimant has no reported complaints of constipation. Continued opioid prescribing is not being recommended. If there was opioid induced constipation, there is no evidence of a failure of the recommended initial treatments for opioid induced constipation. For any of these reasons, prescribing Colace is not considered medically necessary.

**Lidoderm patch 5% Qty 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 Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** The claimant has a remote history of a work injury in March 2001 and is being treated for neck pain. When seen, pain was rated at 6-7/10. There was axial neck pain with decreased range of motion and cervical and moderate paravertebral muscle spasms. Review of systems was positive for blood in the stool. Medications were decreasing pain from 7-8/10 to 3-4/10. No follow-up was being planned. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is 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 this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.