

Case Number:	CM15-0144931		
Date Assigned:	09/01/2015	Date of Injury:	05/19/2011
Decision Date:	10/06/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: Physical Medicine & Rehabilitation

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 42 year old female sustained an industrial injury on 5-19-11. She subsequently reported back pain. Diagnoses include lumbar radiculopathy. Treatments to date include x-ray and MRI testing, wrist surgery, injections, physical therapy and prescription pain medications. The injured worker has continued complaints of left elbow and wrist, cervical spine and lumbar back pain. Upon examination, there was antalgic gait noted. Lumbar tenderness and spasm was noted. Lumbar range of motion was reduced due to pain. Seated straight leg raises were positive bilaterally. Sensory motor examination shows decreased sensation to touch along the L4-S1 dermatome in the left lower extremity. There was tenderness noted on palpation at the bilateral wrists. A request for Lidoderm, Norco and Tramadol medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

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

Decision rationale: Based on the 06/25/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10, that radiates to the lower extremities. The patient is status post carpal tunnel release and lateral/medical epicondylitis release, on unspecified dates. The request is for LIDODERM 5% PATCH #30. Patient's diagnosis per Request for Authorization form dated 06/26/15 includes lumbar radiculitis and lumbar radiculopathy. Physical examination to the lumbar spine on 06/25/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion restricted on flexion and extension. Seated nerve root test positive. Treatment to date has included wrist surgery, imaging studies, injections, physical therapy and medications. Patient's medications include Norco, Tramadol and Lidoderm patches. The patient had lumbar ESI on 06/12/15. The patient may return to modified work, per 06/25/15. MTUS Guidelines pages 56 and 57, Lidoderm (Lidocaine patch) section states, "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)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater has not provided reason for the request. In this case, treater has not discussed how this medication specifically helps in pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, guidelines do not recommend this medication for axial spinal pain. This request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 06/25/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10, that radiates to the lower extremities. The patient is status post carpal tunnel release and lateral/medical epicondylitis release, on unspecified dates. The request is for NORCO 10/325MG #90. Patient's diagnosis per Request for Authorization form dated 06/26/15 includes lumbar radiculitis and lumbar radiculopathy. Physical examination to the lumbar spine on 06/25/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion restricted on flexion and extension. Seated nerve root test positive. Treatment to date has included wrist surgery, imaging studies, injections, physical therapy and medications. The patient had lumbar ESI on 06/12/15. The patient may return to modified work, per 06/25/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and

functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Norco has been included in patient's medications, per progress reports dated 02/16/15 and 06/08/15. It is not known when this medication was initiated. Per 06/08/15 report, the patient's pain is rated 5/10 with and 9/10 on average without medications and has provided Oswestry and NDI questionnaires indicating patient's functional impairment. Treater has addressed analgesia with pain scales and validated instruments, but has not discussed how Norco significantly improves patient's activities of daily living with specific examples. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." There are no UDS or discussions on aberrant behavior, adverse effects, etc. No return to work or change in work status, either. In this case, treater has addressed some, but not all of the 4A's to warrant continued use of this medication. Furthermore, the patient is also prescribed Tramadol. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. In addition, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given lack of adequate documentation, this request IS NOT medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 06/25/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10, that radiates to the lower extremities. The patient is status post carpal tunnel release and lateral/medical epicondylitis release, on unspecified dates. The request is for TRAMADOL ER 150MG #30. Patient's diagnosis per Request for Authorization form dated 06/26/15 includes lumbar radiculitis and lumbar radiculopathy. Physical examination to the lumbar spine on 06/25/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion restricted on flexion and extension. Seated nerve root test positive. Treatment to date has included wrist surgery, imaging studies, injections, physical therapy and medications. The patient had lumbar ESI on 06/12/15. The patient may return to modified work, per 06/25/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after

taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Tramadol has been included in patient's medications, per progress reports dated 02/16/15 and 06/08/15. It is not known when this medication was initiated. Per 06/08/15 report, the patient's pain is rated 5/10 with and 9/10 on average without medications and has provided Oswestry and NDI questionnaires indicating patient's functional impairment. Treater has addressed analgesia with pain scales and validated instruments, but has not discussed how Norco significantly improves patient's activities of daily living with specific examples. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." There are no UDS or discussions on aberrant behavior, adverse effects, etc. No return to work or change in work status, either. In this case, treater has addressed some, but not all of the 4A's to warrant continued use of this medication. Furthermore, the patient is also prescribed Tramadol. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. In addition, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given lack of adequate documentation, this request IS NOT medically necessary.