

<b>Case Number:</b>	CM15-0172175		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old male who sustained an injury on 7-12-07. The progress report (7-28-15) indicates continued low back pain and right leg pain with some radiation into his right buttocks. There was some weakness in his legs when walking. Diagnoses include chronic neuropathic pain of the right lower extremity; chronic low back pain. MRI from 6-24-11 revealed mild posterior leg pain of L5 with indentation of the adjacent end plate at L4-L5 and L5-S1; minimal posterior offset of L3 on L4 with mildly uncovered disc posteriorly and no spinal canal narrowing but minimal bilateral inferior neuroforaminal narrowing and L4-L5 central disc protrusion and L5-S1 mild broad-based disc budge. Objective findings were rotation to the left is 10 degrees; right is 10 degrees and bilateral sacroiliac and bilateral trochanteric tenderness. Medications prescribed Tramadol 50 mg every 6 hours #120 with no refills. Lidoderm pain patches 1-3 per day #90 with three refills. He has increased physical and psychosocial functioning with the medication and the record indicates there is no evidence of any abnormal behavior or noncompliance with the medications. Current requested treatments are Lidoderm patches 5% #90 with refill x 3; Tramadol 50 mg #120. Utilization review 8-4-15 requested treatments are non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5% #90 with refill x3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medications for subacute & chronic pain, NSAIDs, Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** MTUS recommends Lidoderm patch as a second-line treatment for neuropathic pain, for patients who are s/p trial of first-line medication, such as an oral anti-epilepsy drug or oral antidepressant. History of neuropathic pain is documented in this case, but there no trial of first-line medication for neuropathic pain is documented. Therefore, the request is not medically necessary or established for the requested Lidoderm patches.

**Tramadol 50mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Drug testing, Opioids, Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. The "4 A's" appear to be met in this case. The request is medically necessary and is established for the requested tramadol.