

Case Number:	CM15-0172626		
Date Assigned:	09/14/2015	Date of Injury:	07/03/2007
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	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: 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 74 year old female sustained an industrial injury on 7-3-07. Documentation indicated that the injured worker was receiving treatment for right knee chondromalacia with degenerative joint disease and popliteal bursitis, right hip degenerative joint disease, lumbar disc injury and sciatica. Recent treatment consisted of medication management. In a progress note dated 7-21-15, the injured worker complained of ongoing low back, right hip and bilateral knee pain with radiation into the lower extremity. The injured worker reported having pain that reached from the right medial hip region and parts of the groin and referred to the right medial knee and right medial ankle. The injured worker reported that medications, consisting primarily of Lidoderm and Tramadol, helped decrease the left knee pain and dysesthesias down the right lower extremity. Physical exam was remarkable for lumbar spine with "moderate" pain over the right L4-5 and L5-S1 segments and right sacroiliac joint with positive bilateral straight leg raise and "complete" range of motion in all directions with "moderate" pain upon forward flexion, extension, right lateral flexion and left lateral flexion, right hip with "moderate" pain in the right inguinal region, right lower extremity with positive fair sign and bowstring sign and right knee with moderate pain over the right popliteal surface and right lateral and medial joint lines. The physician stated that the injured worker's pain had significantly increased. The treatment plan included requesting authorization for an orthopedic consultation for the right hip, x-rays of the right hip prior to the evaluation and continuing medications (Tramadol, Lidoderm patch and Tylenol #3). On 8-4-15, Utilization Review modified a request for Ultram 50 mg #120 with six

refills to Ultram 50 mg #120 with no refills. Utilization Review noncertified a request for Lidoderm 5% patch with six refills and Tylenol #2 #120 with six refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 occurring in July 2007 and continues to be treated for low back, right hip, and bilateral knee pain. Medications are referenced as helping to decrease left knee pain and right lower extremity dysesthesias. When seen, she was having significantly increased pain. Physical examination findings included pain with lumbar range of motion with positive right straight leg raising and pain over the right lower lumbar segments and right sacroiliac joint. There were positive Bowstring and Fair signs on the right. There was right hip and knee tenderness. An x-ray and orthopedic referral were requested. Medications were continued. A Toradol injection was administered. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through reported VAS scores, an increased level of function, or improved quality of life and the claimant was having increased pain. A supply of more than 6 months was prescribed and according to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen at least semiannually. Continued prescribing at this dose was not medically necessary.

Lidoderm 5% patch #90 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant has a remote history of a work injury occurring in July 2007 and continues to be treated for low back, right hip, and bilateral knee pain. Medications are referenced as helping to decrease left knee pain and right lower extremity dysesthesias. When seen, she was having significantly increased pain. Physical examination findings included pain with lumbar range of motion with positive right straight leg raising and pain over the right lower lumbar segments and right sacroiliac joint. There were positive Bowstring and Fair signs on the

right. There was right hip and knee tenderness. An x-ray and orthopedic referral were requested. Medications were continued. A Toradol injection was administered. 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 with a tricyclic or SNRI anti-depressant or an anti-epilepsy drug such as gabapentin or Lyrica. 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 was not medically necessary.

Tylenol No. 2 #120 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 occurring in July 2007 and continues to be treated for low back, right hip, and bilateral knee pain. Medications are referenced as helping to decrease left knee pain and right lower extremity dysesthesias. When seen, she was having significantly increased pain. Physical examination findings included pain with lumbar range of motion with positive right straight leg raising and pain over the right lower lumbar segments and right sacroiliac joint. There were positive Bowstring and Fair signs on the right. There was right hip and knee tenderness. An x-ray and orthopedic referral were requested. Medications were continued. A Toradol injection was administered. Tylenol with codeine is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through reported VAS scores, an increased level of function, or improved quality of life and the claimant was having increased pain. A supply of more than 6 months was prescribed and according to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen at least semi-annually. Continued prescribing at this dose was not medically necessary.