

Case Number:	CM15-0173361		
Date Assigned:	09/15/2015	Date of Injury:	07/13/2001
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/02/2015

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: 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 58 year old male, who sustained an industrial-work injury on 7-13-01. He reported initial complaints of back pain. The injured worker was diagnosed as having chronic back pain, lumbar disc injury, annular tear, lumbar facet arthrosis, status post L3-4 laminectomy, sciatica, and post laminectomy syndrome. Treatment to date has included medication, physical therapy in past and recurrent sessions, and diagnostics. Currently, the injured worker complains of chronic low back pain referring to the left lower extremity and is presently retired. Functional improvement was documented with Lyrica and takes Vicodin for back pain. Present therapy session help relieve pain and improve function. Pain without medication is 8 out of 10 and with medication is 3-4 out of 10. Per the primary physician's progress report (PR-2) on 8-6-15, exam noted normal motor strength to the bilateral lower extremities, sensation also was intact, positive Kemp's sign in the left lower extremity, moderate pain over the L5-S1 levels, moderate pain over the left L5-S1 levels, diminished range of motion to the lumbar spine. The Request for Authorization date was 8-24-15 and requested service included lumbar spine traction unit for a 3 month trial, Lidocaine ointment/gel #2, Vicodin 5/300mg #60, and Ultram 50mg #60. The Utilization Review on 8-31-15 denied the request for Vicodin (Hydrocodone-APAP 5-300 mg) per CA MTUS (California Medical Treatment Utilization Schedule), ACOEM (American College of Occupational and Environmental Medicine) and ODG (Official Disability Guidelines) Guidelines. Opioids are recommended for short term use and not for treatment for chronic back pain and recommend weaning. Objective findings do not support medical necessity. Topical Lidocaine gel or ointment is not deemed medically necessary for chronic pain and is approved for neuropathic pain per CA MTUS. Spinal traction has no recommendations for use for industrial injuries and is not medically necessary. The use of Tramadol for long-term use for chronic pain (14 years duration) is not recommended and there is not medical necessity for continuation for the cited diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine traction unit for a 3 month trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: According to the MTUS, traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Lumbar spine traction unit for a 3 month trial is not medically necessary.

Lidocaine ointment/gel #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Analgesics.

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

Decision rationale: The MTUS recommends lidocaine patches only 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). Lidocaine is currently not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidocaine ointment/gel #2 is not medically necessary.

Vicodin 5/300mg #60: 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 for chronic pain.

Decision rationale: The MTUS recommends Norco for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. The patient's injury is 14 years old. Vicodin 5/300mg #60 is not medically necessary.

Ultram 50mg #60: 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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Ultram, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The patient has been on Ultram for 14 years. Ultram 50mg #60 is not medically necessary.