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| Case Number: | CM15-0026455 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 05/23/2014 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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:

The injured worker is a 52 year old female, who sustained an industrial injury on 5/23/14. She has reported low back injury. The diagnoses have included diagnostic lumbar condition with facet inflammation with radiculopathy, lumbar strain and chronic low back pain. Treatment to date has included physical therapy, home exercise program, chiropractor sessions and oral and topical medications. Currently, the injured worker complains of intermittent back pain. On physical exam pain is noted with palpation over lower lumbar paraspinals, otherwise neurologic exam is intact. On 2/5/15 Utilization Review non-certified LidoPro lotion 4oz, noting the medical necessity has not been established Tramadol ER 150mg, noting the addition of an opiate at this time is without warrant and Trazodone 50mg, noting the lack of necessity for changing of a medication that appeared to provide functional improvement. The MTUS, ACOEM Guidelines, was cited. On 2/10/15, the injured worker submitted an application for IMR for review of LidoPro lotion 4oz, Tramadol ER 150mg and Trazodone 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro lotion, 4oz #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for chronic low back pain. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary. Medications for chronic pain, p60.

Tramadol ER 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for chronic low back pain. When seen by the requesting provider she had pain rated at 7/10 radiating to the hip. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the prescribing of Tramadol ER was medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 123, 43-44, 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Morgenthaler T; Kramer M; Alessi C et al. Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. Sleep 2006;29 (11): 1415-1419.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for chronic low back pain. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the claimant is obese and taking naps during the day. There is a likelihood that the claimant has secondary insomnia due to obstructive sleep apnea which would potentially be appropriately treated by other means. Continued prescribing of Trazodone without an adequate evaluation of the claimant's insomnia was not medically necessary.