

Case Number:	CM15-0027968		
Date Assigned:	02/20/2015	Date of Injury:	10/23/2013
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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, 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 56 year old male, who sustained an industrial injury on October 23, 2013. The mechanism of injury is unknown. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, lumbosacral neuritis or radiculitis, left shoulder impingement syndrome, tendinosis of left shoulder, tear of triangular fibrocartilage of the left wrist, rule out carpal tunnel syndrome on left, de Quervain's disease, left wrist tendinosis, brachial neuritis and sciatica. Treatment to date has included diagnostic studies, left shoulder cortisone injection and medications. On February 13, 2015, the injured worker complained of left upper extremity, lumbar area, sacroiliac area, right lower extremity and right buttock pain. He rated the pain as an 8 on a 1-10 pain scale. The pain was noted to be present approximately 90% of the time. He feels better with pain medication and rest. His symptoms get worse with bending, sitting, walking, standing, reaching, lifting, carrying, turning and twisting. On January 27, 2015, Utilization Review non-certified an unknown prescription of Lidoderm patches, noting the CA MTUS Guidelines. Utilization Review modified a request for Tramadol 50mg #120 to #90, noting the CA MTUS Guidelines. On February 13, 2015, the injured worker submitted an application for Independent Medical Review for review of Tramadol 50mg #120 and unknown prescription of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.

Lidoderm patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Regarding request for Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication of localized peripheral neuropathic pain that has failed first-line therapy recommendations. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.