

Case Number:	CM15-0072828		
Date Assigned:	04/23/2015	Date of Injury:	09/26/2001
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/16/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old female, who sustained an industrial injury on 9/26/2001. The current diagnoses are fibromyalgia, multi-level cervical degenerative disc disease with moderate neuroforaminal narrowing at C3-C4 through C6-C7, cervicogenic headaches, thoracic sprain/strain, lumbar sprain/strain with degenerative disc disease, 2-3 millimeter disc bulge at L3-L4 and L4-L5, lumbar radiculopathy, dyspepsia, gastritis, and urological complaints. According to the progress report dated 3/5/2015, the injured worker complains of neck and low back pain. She notes slight increase in pain traveling down the lower extremities with associated burning. Additionally, she reports fibromyalgia pain and bilateral upper extremity pain with associated numbness, tingling, and weakness. The pain is rated 7/10 with the use of medications and 10/10 without. She notes 30% improvement in neuropathic and nociceptive pain with her current medication use. She noted improved ability to participate in activities of daily living. The current medications are Tramadol, Norco, Lyrica, Zolpidem, Lidoderm patches, Imitrex, Naproxen, Soma, Ativan, and Protonix. Treatment to date has included medication management, MRI Studies, physical therapy, home exercise program, epidural steroid injection, and urology, psychiatry, and spine surgery consultation. The plan of care includes prescriptions refills for Tramadol, Lidoderm patches, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Ultram is the brand name version of Tramadol, which is classified as central acting synthetic opioids. MTUS states regarding Tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. The treating physician notes 30% improvement in neuropathic and nociceptive pain with her current medication use but documentation indicates that improvement has reached a plateau. The original utilization review notes the dangers of combining Tramadol, Norco and Soma. The original utilization review recommended weaning and modified the request. As such, the request for Tramadol ER 200mg #60 is not medically necessary.

Lidoderm 5% patches #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics and Other Medical Treatment Guidelines UpToDate.com, Lidocaine (topical).

Decision rationale: Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended 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). This 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical

analgesics." ODG further details, "Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. The physician's supplemental report indicated that the patient has failed Cymbalta and tricyclic antidepressants for neuropathic pain. Treatment notes indicate that the maximum daily dose of Lyrica, 450 mg, is currently being used in conjunction with Lidoderm patches. The treating physician does note improved functionality and decreased pain with the use of the Lidoderm patches. As such, the request for Lidoderm 5% patches #90 is medically necessary.