

Case Number:	CM15-0079980		
Date Assigned:	04/30/2015	Date of Injury:	03/21/2003
Decision Date:	06/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 63 year old female who sustained an industrial injury on March 21, 2003. Previous treatment includes lumbar laminectomy, sacroiliac joint injection, physical therapy, TENS, spinal cord stimulator, nerve blocks and radiofrequency neuroablation. Currently the injured worker complains of low back pain. Diagnoses associated with the request include post laminectomy syndrome, lumbosacral root lesions, sacroilitis, fasciitis, lumbar facet arthropathy and chronic pain syndrome. The treatment plan includes tramadol, Lidoderm patches, Edular and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg QTY: 60, refill unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain response to medication was only 1 point while on Tramadol and Mobic (NSAID). The Tramadol was reduced from QID to BID but no wean plan was indicated. Long-term use is not indicated and continued use under the dosage above is not substantiated. The Tramadol as prescribed is not medically necessary.

Lidoderm Patches 5% #60, refill unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had been on oral analgesics including opioids and NSAIDs along with Lidoderm with only 1 point improvement in pain score with use of all analgesics. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

Edular 5mg #30, refill unspecified: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter and insomnia pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Edular) is indicated for the short-term treatment of insomnia

with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for over a month. The etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral intervention was not noted. Continued use of Zolpidem (Edular) is not medically necessary.