

<b>Case Number:</b>	CM15-0092020		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	09/24/2009
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Internal 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 66 year old female, who sustained an industrial injury on 9/24/2009. She reports leg and ankle pain; numbness; "RSD" lower limb; chronic pain syndrome; and depression. No current x-rays or imaging studies are noted. Her treatments have included heat/ice therapy; a home exercise program; massage therapy; aqua therapy; medication management with consistent urine toxicology screenings; an agreed medical evaluation with report on 3/17/2015; and rest from work. The progress notes of 3/25/2015 reported re-evaluation of foot/ankle pain; self-pay massage therapy; that she is taking a break from, but looking forward to returning to, aqua therapy through [REDACTED] because it helps with her pain level, range-of-motion and mental health; and that her lower leg pain, and stabbing into her head, is made worse with standing and activity, and made better with warm water, elevating her feet, acupuncture and the combination of her medications; which makes walking more tolerable. Objective findings were noted to include an antalgic gait with use of cane; painful, full range-of-motion in the bilateral lower extremities; and hyperesthesia over both feet/ankles. The physician's requests for treatments were noted to include continuation of Lidoderm patches for neuropathic pain, and Ultram for moderate-severe pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #360: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics page(s): 11-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), Topical Analgesics page(s): 56-57, 111-112.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is 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. The progress report dated 4/22/15 documented depression, chronic pain syndrome, numbness, reflex sympathetic dystrophy syndrome, leg pain, ankle pain, and bilateral ankle and foot pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. The request for Lidoderm patch is not supported by MTUS guidelines. Therefore, the request for Lidoderm patch 5% is not medically necessary.

**Ultram 50mg #200: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) page(s): 93-94, 113, 123.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. The progress report dated 4/22/15 documented depression, chronic pain syndrome, numbness, reflex sympathetic dystrophy syndrome, leg pain, ankle pain, and bilateral ankle and foot pain. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Tramadol (Ultram). Therefore, the request for Ultram (Tramadol) is medically necessary.