

Case Number:	CM15-0093604		
Date Assigned:	05/19/2015	Date of Injury:	06/06/2005
Decision Date:	06/26/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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 61 year old female, who sustained an industrial injury on 6/6/05. The injured worker has complaints of lumbar spine pain with numbness and tingling extending to both legs. The documentation noted that there is left greater than right lumbar paravertebral muscle guarding and tenderness to palpation. The diagnoses have included post laminectomy syndrome lumbar. Treatment to date has included pain management; L3 through S1 (sacroiliac) lumbar fusion; re-exploration in 2011; returned to surgery for a cerebrospinal fluid leakage; lumbar spine X-rays on 2/23/15 showed there were pedicle screws and bars in good position with a total of six screws and bilateral vertical connecting bars at C3 through S1 (sacroiliac), there was slight reversal of the lumbar lordotic curvature at the L2-L3 level and hardware was in good position. The request was for ultram 50mg #120; lidoderm patch 5 percent #30 and 1 psych consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Pages 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 patient states that on June 6, 2005, while moving boxes, the patient experienced low back pain with numbness and tingling extending to both legs. L3 through S1 lumbar fusion was performed. Re-exploration surgery was performed in 2011, complicated by cerebrospinal fluid leakage. The patient had anxiety and depression secondary to chronic pain and disability from work-related injuries and complaints. X-ray radiographs of the lumbar spine were obtained on February 23, 2015. There were pedicle screws and bars in position with a total of six screws and bilateral vertical connecting bars at L3 through S1. The progress report dated 4/7/15 documented lumbar back complaints. Medical records document objective physical examination findings. Medical records documented objective evidence of pathology on imaging studies. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Tramadol (Ultram) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Ultram (Tramadol) is medically necessary.

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page 56-57. Topical Analgesics Page 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 patient states that on June 6, 2005, while moving boxes, the patient experienced low back pain with numbness and tingling extending to both legs. L3 through S1 lumbar fusion was performed. Re-exploration surgery was performed in 2011, complicated by cerebrospinal fluid leakage. X-ray radiographs of the lumbar spine were obtained on February 23, 2015. There were pedicle screws and bars in position with a total of six screws and bilateral vertical connecting bars at L3 through S1. The progress report dated 4/7/15 documented lumbar back complaints. 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.

1 Psych consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page 23. Psychological evaluations Pages 100-101. Psychological treatment Pages 101-102.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment and behavioral interventions. Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The patient states that on June 6, 2005, while moving boxes, the patient experienced low back pain with numbness and tingling extending to both legs. L3 through S1 lumbar fusion was performed. Re-exploration surgery was performed in 2011, complicated by cerebrospinal fluid leakage. The patient had anxiety and depression secondary to chronic pain and disability from work-related injuries and complaints. X-ray radiographs of the lumbar spine were obtained on February 23, 2015. There were pedicle screws and bars in position with a total of six screws and bilateral vertical connecting bars at L3 through S1. The progress report dated 4/7/15 documented a flare-up of anxiety and depression. Psychological consult was requested. Per MTUS, psychological evaluations are recommended. Therefore, the request for one psychological consult is medically necessary.