

Case Number:	CM13-0063922		
Date Assigned:	01/03/2014	Date of Injury:	05/09/2001
Decision Date:	04/16/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female who reported an injury on 05/08/2001. The patient was reportedly assaulted during a robbery attempt. The patient is currently diagnosed with face and neck injury, salivary secretion, myalgia and myositis, and jaw dislocation. A request was submitted by [REDACTED] on 11/07/2013 for the pharmacy purchase of Ethyl Chlor #207 and Lidoderm 5% #60. However, the only progress report submitted by [REDACTED] is dated 07/15/2013. The patient reported persistent pain. Physical examination at that time revealed limited cervical range of motion, tenderness to palpation, an antalgic gait, mild ecchymosis over the left knee, painful range of motion, positive McMurray's sign, a well healed incision to the right knee, and persistent pain with limited range of motion. Treatment recommendations at that time included epidural steroid injections and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ethyl Chlor #207: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation www.drugs.com. Data

sources include Micromedex (updated Mar 13th, 2014), Cerner Multum (updated Mar 15th, 2014), Wolters Kluwer (updated Apr 3rd, 2014).

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Ethyl Chloride is a vapocoolant for topical application to control pain associated with injections, minor surgical procedures, and temporary relief of minor sports injuries. It is also intended for the treatment of restricted motion associated with myofascial pain. As per the documentation submitted, the patient was issued a prescription for Ethyl Chloride on 07/15/2013. An additional prescription was then submitted on 10/31/2013 by [REDACTED]; however, there is no indication of a satisfactory response to ongoing treatment. There is also no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established. As such, the request for Ethyl Chlor, #207 is non-certified.

Lidoderm 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Guidelines indicate that lidocaine is recommended for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. As per the documentation submitted, there is no evidence of objective functional improvement, despite ongoing use of this medication. There is also no evidence of a failure to respond to first line therapy with tricyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants or an anticonvulsant. Based on the clinical information received and the Guidelines, the request for Lidoderm 5%, #60 is non-certified.