

Case Number:	CM13-0064092		
Date Assigned:	01/03/2014	Date of Injury:	03/10/2001
Decision Date:	10/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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 injured worker is a 65 year old male injured on 03/10/01 possibly due to a manhole cover striking him in the substernal chest wall; however, the documentation is vague regarding the mechanism of injury. Diagnoses include abdominal wall hernia, status-post chest wall contusion with residual pain and rule out intercostal neuralgia T7-11 on the right side. Clinical note dated 11/13/13 indicated the injured worker presented complaining of epigastric abdominal pain. The injured worker reported blood pressure had been controlled nicely and diabetes mellitus controlled with Metformin and Glipizide with morning Accu-check averaging approximately 150mg/dL. CT of the chest without contrast performed on 08/13/13 revealed no evidence of active cardiac or pulmonary disease, xiphoid process was bifid and directed anteriorly, degenerative arthritis of the thoracic spine with ossification of the anterior longitudinal ligament and probable cholelithiasis with a 15mm gall stone. Objective findings included lungs clear to auscultation with no rales or wheezes appreciated, no dullness to percussion, abdominal hernia versus diasthesis recti unchanged since previous visits and reducible, no costovertebral angle tenderness palpated, cranial nerves grossly intact, deep tendon reflexes 2+ brisk in bilateral lower extremities, no focal neurologic deficits appreciated, and motor muscle strength 5/5 in all extremities. Treatment recommendations included CT scan of the abdomen, intercostal nerve block, and prescription for Gabapentin 300mg PO BID, TGHOT, and Lidocaine patch 5%. The initial request for Lidoderm patch 5% 12 hours on and 12 hours off was initially non-certified on 11/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5% 12HRS ON AND 12HRS OFF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, Topical Analgesics,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Lidoderm (lidocaine patch), Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm Patches 5% 12hrs on and 12hrs off is not medically necessary.