

Case Number:	CM14-0100065		
Date Assigned:	07/28/2014	Date of Injury:	03/31/2013
Decision Date:	09/19/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 34-year-old male who reported an injury on 03/31/2013. The mechanism of injury involved heavy lifting. Current diagnoses include hernia, epigastric abdominal pain, and chronic pain. It is also noted that the injured worker is status post hernia repair in 06/2013. Previous conservative treatment includes activity modification and medication management. The injured worker was evaluated on 05/08/2014 with complaints of persistent abdominal pain. It was noted that the injured worker was unable to return to work or exercise secondary to pain. The injured worker reported moderate relief from the previous surgery. The current medication regimen includes albuterol inhalation solution, Claritin 10 mg, Ibuprofen 400 mg, and Symbicort. Physical examination on that date revealed localized tenderness at the periumbilical region with pain upon deep palpation. It was noted that the injured worker underwent a CT scan of the abdomen on 09/11/2013. Treatment recommendations included continuation of Elavil and Celebrex, a possible second opinion consultation with a general surgeon, and possible trigger point injections in the abdominal wall region. A Request for Authorization Form was submitted on 06/05/2014 for Lidoderm 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% for abdominal pain QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Lidoderm patches.

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

Decision rationale: California MTUS Guidelines state Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. There is no documentation of neuropathic pain or localized peripheral pain. There is also no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is no frequency listed in the current request. As such, the request is not medically appropriate.

Celebrex; unknown dosage QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications: Celebrex. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the abovementioned diagnoses. There is also no strength, frequency, or quantity listed in the request. As such, the request is not medically appropriate.

Elavil; unknown dosage QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Antidepressants: Elavil. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines state Amitriptyline is recommended for neuropathic pain. There is no documentation of neuropathic pain upon physical examination. There is also no strength, frequency or quantity listed in the request. As such, the request is not medically appropriate.