

Case Number:	CM14-0101205		
Date Assigned:	09/24/2014	Date of Injury:	08/22/2008
Decision Date:	10/24/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. 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:

According to the provided documents, this is a 53-year-old man injured in July 5, 2013 this happened with a fall. He complained of upper back and chest wall pain. The disputed treatment being addressed is for Lidoderm 5% patches to patches every 12 hours #60 with one refill for the thoracic spine. This was discussed in utilization review determination letter of May 1, 2014. There is a Doctors 1st Report of Injury of 3/10/14 indicates patient had fallen and landed on his back. He is complaining of right chest and upper back pain. Examination showed tenderness in the right chest wall and tenderness over the right thoracic spine. Diagnosis was thoracic sprain/strain; costal sprain/strain. Treatment included the Lidoderm, Lyrica 75 mg b.i.d., Tylenol 325 mg 2 tablets every 6 hours and return for follow-up in 2 months. There are other medical for reports provided prior to this this that document treatment from a chiropractor that does not appear to include any active medication use. There is a December 27, 2013 report that indicates a once a month consult with an M.D. for possible medications. A 2/10/14 report indicates that the patient was changing PTP to that M.D. The May 10, 2014 report noted above was authored by the referenced M.D. Therefore, there is no evidence in the documentation this patient had had any type of medication prescribed for this injury prior to the requesting report of March 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; Salicylate topicals Page(s): 111-113; 105.

Decision rationale: The injured worker complained of moderate to severe pain in the right shoulder, worse at night, with reaching up overhead, reaching out, and with lifting on July 22, 2014. The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note topical salicylate is significantly better than placebo in chronic pain. There is a lack of documentation indicating the injured worker has failed trials of antidepressants and anticonvulsants. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request for Methoderm ointment is not medically necessary or appropriate..