

Case Number:	CM14-0099130		
Date Assigned:	09/16/2014	Date of Injury:	06/09/2011
Decision Date:	11/14/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 6/9/2011. Per initial comprehensive workers comp pain management consultation and request for authorization dated 5/7/2014, the injured worker complains of mid back pain and right chest wall pain. In spite of therapy, his pain is at a level of 6-7/10 and 8/10 when exacerbated by prolonged sitting, standing or twisting. The pain is constant throbbing and deep. Medications decrease the pain temporarily. He cannot sit for more than an hour or walk more than 30 minutes. He has difficulty sleeping, and cannot sleep on the right side. He has limitation of activities of daily living. He had partial relief with previous physical therapy and chiropractic care which he has been receiving for almost two years. Acupuncture helps very little. On examination there is abdominal wall deficiency in the right inguinal area on palpation, more on the right with some pain on palpation in the left inguinal area also. The deep tendon reflexes in the upper extremities are 2+. He ambulates on heels and toes without assistance. There is no evidence of length discrepancies. Sensation is normal. Cervical spine range of motion is within normal limits. Thoracic lumbar spine range of motion is limited mostly because of the pain in the right side of the rib cage. There is pain on the facets of T9 and T12 on the right side. There is pain on the ribs at the level of T9, T10, T11 and mild on T12. Exquisite pain on the mid clavicular line anteriorly and some pain on the anterior axillary line area at the same levels. Pain is exacerbated by twisting mostly to the right, lateral bending to the right also elicits 2+ pain. Lumbar range of motion is again decreased but mostly because of the pain. There is pain on palpation of the lumbar spine over the facets. There is no muscle spasm in that area. Straight leg raise is negative. Lasegue's is negative. Patrick Fabere's is negative. Deep tendon reflexes (DTR's) are 2+. Good peripheral pulses. Diagnoses include 1) thoracic cage trauma on the right side 2) intercostal neuralgia, T9 to T12 more on the right side 3) thoracic

facet arthropathy T9 to T12 more on the right side 4) right inguinal hernia 5) rule out left inguinal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) section Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The requesting physician explains that the injured worker is using the Lidoderm patch once a day for 12 hours. The injured worker has ongoing treatment with gabapentin, Relafen and tramadol, topical flurbiprofen/tramadol and topical amitriptyline/gabapentin. With ongoing treatment with antidepressant and anticonvulsant medications, it does not appear that the injured worker has failed treatment with these medications. Medical necessity has therefore not been established within the recommendations of the MTUS Guidelines. The request for lidoderm patches is determined to not be medically necessary.