

Case Number:	CM15-0010381		
Date Assigned:	01/27/2015	Date of Injury:	11/23/2010
Decision Date:	04/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 53 year old male with an industrial injury dated 11/23/2010. His diagnoses include closed fracture of the ribs. Recent diagnostic testing was not provided or discussed. He has been treated with medications, injections to the foot and knee, left shoulder surgery (08/05/2013), and left cubital tunnel release with injections to the shoulder and wrist (02/06/2012). In a progress note dated 12/03/2014, the treating physician reports pain in the left ribs despite treatment and negative imaging, and left knee pain. The objective examination revealed no soft tissue swelling in the left chest/ribs. The treating physician is requesting a MRI of the chest and topical medication patches which were denied by the utilization review. On 12/15/2014, Utilization Review non-certified a request for MRI of the chest, noting the lack of rationale for the request for the MRI is 4 years after the initial injury who has a nonspecific and non-localized pain. The MTUS Guidelines were cited. On 12/15/2014, Utilization Review non-certified a prescription for Lidoderm patches, noting the lack of recommendation of use of this medication for non-localized pain. The MTUS, ACOEM Guidelines, (or ODG) were cited. On 12/15/2014, Utilization Review non-certified a prescription for meloxicam patch, noting the lack of localized pain. The MTUS, ACOEM Guidelines, (or ODG) were cited. On 01/16/2015, the injured worker submitted an application for IMR for review of MRI of the chest, Lidoderm patches, and meloxicam patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Chest: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MRI (magnetic resonance imaging) | <http://www.odg-twc.com/>.

Decision rationale: According to ODG guidelines, MRI (magnetic resonance imaging) “Recommended only as an alternative to CT for detecting pulmonary metastases, primarily because exposure to ionizing radiation would be avoided, an issue of particular concern with young patients undergoing multiple follow-up examinations. Nevertheless, it is generally accepted that MRI does not currently have a role in screening of patients for pulmonary metastases. Motion-related artifacts, a lower spatial resolution than CT, and an inability to detect calcification within lesions all represent limitations of MRI. A recent study comparing turbo-spin echo MRI with spiral CT as a gold standard demonstrated a lower sensitivity for MRI in detecting pulmonary metastases; for 340 metastases identified on CT, the overall sensitivity of MRI was 84%, but for nodules <5 mm in diameter, sensitivity was only 36%. (Mohammed, 2006) For patients with either a known or suspected lung cancer who are eligible for treatment, a magnetic resonance imaging (MRI) of the chest should not be performed for staging the mediastinum but should be performed in patients with non-small cell lung cancer (NSCLC) involving the superior sulcus for evaluation of the brachial plexus or for evaluation of vertebral body invasion. (Silvestri, 2003)” There is no documentation that the patient developed pulmonary diseases, mediastinal disease, vertebral or brachial plexus disorders. Therefore, the request for MRI of the chest is not medically necessary.

Lidoderm patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: According to MTUS guidelines, “Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin.” In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch is not medically necessary.

Meloxicam patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID/ Topical NSAIDs Page(s): 72, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic; Meloxicam (Mobic) Page(s): 111; 64.

Decision rationale: According to MTUS guidelines, Mobic (Meloxicam) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. There is no documentation that the patient is suffering of osteoarthritis pain. There is no documentation of any benefit from a previous use of Mobic. There is no documentation of monitoring of adverse reaction from previous use of Mobic. There is no documentation that the lowest dose of Mobic was used. There is no documentation that there is controlled study supporting the safety and efficacy of Mobic as a topical analgesic. Therefore, the prescription of Mobic is not medically necessary.