

Case Number:	CM15-0055219		
Date Assigned:	03/30/2015	Date of Injury:	08/25/2014
Decision Date:	07/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47-year-old male, who sustained an industrial/work injury on 8/25/14. He reported initial complaints of head/facial fractures, rib pain, and abdominal pain with liver laceration. The injured worker was diagnosed as having extensive facial fractures, liver laceration, grade II, maxillary sinus fracture, open fracture of nasal bone, maxillary sinus fracture, rib fractures, scalp laceration, degenerative disc disease of lumbar, thoracic, cervical areas, cervical pain, new onset of tinnitus, blurred vision, ophthalmic migraine, cervical spinal stenosis, and traumatic brain injury. Treatment to date has included repair of 6 scalp lacerations, debridement of fractured nasal laceration, repair of nose laceration, medication, and diagnostics. MRI results were reported encephalomalacia in the posterior left frontal and temporal lobes. On 11/13/14, lumbar MRI showed facet arthropathy, disc bulge, osteophyte at L5-S1 with severe bilateral neuroforaminal stenosis, facet arthropathy an disc bulge at L4-5 with moderate-severe neuroforaminal stenosis an narrowing, disc bulge and facet arthropathy at L3-4 with moderate neuroforaminal stenosis and displacement of both L4 nerve roots. CT scan results were reported degenerative changes and bullet fragments (not industrial related). Currently, the injured worker complains of daily headaches, severe neck pain, hearing issues, abdominal pain with activity, loss of consciousness, and memory loss. Per the primary physician's progress report (PR-2) on 3/9/15, there were complaints also of low back pain. Lacerations are healed on scalp; movement is stiff, and antalgic gait. The requested treatments include Lidoderm Patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% 1q12 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 56.

Decision rationale: According to the MTUS, Lidoderm 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 or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Lidoderm Patch 5% 1q12 #30 is not medically necessary.