

Case Number:	CM15-0112176		
Date Assigned:	06/18/2015	Date of Injury:	08/22/2013
Decision Date:	07/17/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 25-year-old male, who sustained an industrial injury on 08/22/2013. Secondary to suffering burns to the right lower extremity while putting gasoline in a tank. On provider visit dated 04/17/2015 the injured worker has reported right lower leg pain accompanied by itching, and very sensitive, numbness and pain. On examination of the right lower leg revealed pain on palpation, pain with range of motion and was noted as limited. Skin was noted to be darker over skin-grafted area along with a sensory deficit. The diagnoses have included burn blisters, epidermal loss (second degree): lower limb -unspecified site. In addition, enthesopathy of ankle and tarsus: Achilles bursitis or tendinitis. Treatment to date has included medication noted as Gabapentin, physical therapy and exercise. The provider requested on 4/20/2015 Voltaren Gel and Lidocaine 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, 100 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111-113 Page(s): 111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work-related right lower extremity burn injury in August 2013 and continues to be treated for right ankle and posterior calf pain. When seen, there was pain with weight bearing and hypersensitivity. There was scarring and hyperalgesia. Medications being prescribed included meloxicam. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral meloxicam is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.

Lidocaine 5% patches Qty 15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work-related right lower extremity burn injury in August 2013 and continues to be treated for right ankle and posterior calf pain. When seen, there was pain with weight bearing and hypersensitivity. There was scarring and hyperalgesia. Medications being prescribed included meloxicam. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. Therefore, Lidoderm was not medically necessary.