

Case Number:	CM15-0147689		
Date Assigned:	08/10/2015	Date of Injury:	03/10/2001
Decision Date:	10/02/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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: Physical Medicine & Rehabilitation

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 66 year old male who sustained an industrial injury on 3-10-01. Progress report dated 6-25-15 reports continued complaints of epigastric abdominal pain due to the abdominal wall ventral hernia versus diastasis recti. Diagnoses include: status post work related injury, abdominal wall ventral hernia versus diastasis recti and post traumatic weight gain. Plan of care includes: continue diet plan, reorder medications, start metforman, lidoderm patch will be provided and refer to pain management for consultation, remain permanent and stationary, follow up with primary provider for non industrial problems, surgical consultation for abdominal hernia, update hepatic function panel and follow up in 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 2 per day: 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 Lidoderm (Lidocaine patch) Page(s): 56-57, 112.

Decision rationale: The patient presents on 06/25/15 with epigastric abdominal pain due to abdominal wall ventral hernia. The patient's date of injury is 03/10/01. Patient has no documented surgical history directed at this complaint. The request is for lidoderm 5% patch 2 per day. The RFA is dated 07/09/15. Physical examination dated 06/25/15 reveals tenderness to abdominal palpation with no noted guarding, rebound or organomegaly. The provider notes no change in the size of abdominal hernia versus diastasis recti on exam. The patient is currently prescribed Metformin, Amlodipine, Tricor, Glipizide, and Lidoderm patches. Patient is currently classified as permanently partially disabled. MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 states: "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 antidepressants or an AED such as gabapentin or Lyrica.) MTUS Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain; recommended for localized peripheral pain." In regard to the request for Lidoderm patches for this patient's abdominal hernia, this medication is not supported for this patient's chief complaint. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with an abdominal wall hernia, not a localized peripheral neuropathic pain amenable to Lidocaine patches. Without evidence of an existing condition for which topical Lidocaine is considered an appropriate treatment, continuation of this topical medication cannot be substantiated. Therefore, the request is not medically necessary.