

Case Number:	CM13-0033366		
Date Assigned:	12/06/2013	Date of Injury:	03/28/2013
Decision Date:	01/15/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 applicant is a represented [REDACTED] employee who has filed a claim for trigger thumb reportedly associated with an industrial injury of March 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; right trigger thumb release surgery on September 9, 2013; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 20, 2013, the claims administrator denied a request for topical LidoPro lotion. The applicant's attorney subsequently appealed, on October 2, 2013. An earlier clinical progress report of September 20, 2013, is notable for comments that the applicant recently underwent trigger finger release surgery. The thumb wound is clean, dry, and intact. Grip strength is 4/5. There is no more locking appreciated. The applicant is asked to remain off of work, on total temporary disability. Sutures are removed. Postoperative physical therapy and chiropractic therapy are endorsed. An earlier note of September 6, 2013, is notable for comments that the applicant was given topical LidoPro ointment for pain relief purposes. It is stated that LidoPro does not cause any GI symptoms since it is topical. The applicant states that she would prefer to avoid oral medications. An earlier note of August 8, 2013, is notable for comments that the applicant states that she is being forced to work regular duty. She is on over-the-counter Tylenol and topical Terocin for pain relief. She denies any GI symptoms or any history of gastric ulcers. She is, however, given refills of topical Terocin, Prilosec, and Ketoprofen on this date. An earlier note of July 11, 2013, is notable for comments that the applicant is using Naprosyn and Tylenol for pain relief and denies any side effects with these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) oz of LidoPro topical ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The Chronic Pain Guidelines indicate that lidocaine can be employed for localized peripheral pain/neuropathic pain in individuals in whom first-line therapies such as antidepressants and/or anticonvulsants have failed. The guidelines also suggest that capsaicin is only used as an option in those individuals who have not responded to or are intolerant to other treatments. The National Library of Medicine indicates that LidoPro is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. Several ingredients in the compound, however, carry unfavorable recommendations here. In this case, however, there is no indication that the applicant's pain is neuropathic in nature. Rather, the applicant has mechanical pain associated with a trigger thumb. The applicant has used first-line oral pharmaceuticals, including Tylenol and Naprosyn without any seeming difficulty, impediment, and/or impairment. Since multiple ingredients in the topical compound carry an unfavorable recommendation here, the entire compound is considered to carry an unfavorable recommendation, per guideline criteria. The request for four (4) oz of LidoPro topical ointment is not medically necessary and appropriate.