

<b>Case Number:</b>	CM13-0040122		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/28/1995
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

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

### 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 chronic left upper extremity, hand, and wrist pain reportedly associated with an industrial injury of July 28, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a right carpal tunnel release surgery, a left carpal tunnel release surgery; a de Quervain's release surgery; and work restrictions. It is unclear whether the applicant's limitations have been accommodated by the employer or not. In a utilization review report of September 30, 2013, the claims administrator denied a request for topical lidocaine cream. The applicant's attorney subsequently appealed. An earlier clinical progress note of September 26, 2013 is notable for comments that the applicant had a left thumb CMC joint arthroplasty surgery and neuroma excision denied. The applicant is also having neck pain with associated paresthesias. Tenderness is noted about the CMC joint of the wrist. The applicant is given diagnosis of bilateral thumb CMC joint arthritis, left wrist neuroma, and chronic neck pain. Work restrictions are endorsed. It is unclear whether the applicant's limitations have been accommodated or not. Ultracet is also endorsed for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% cream.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, a topical lidocaine is indicated for localized peripheral pain after there has been trial of first line therapeutic antidepressants and/or anticonvulsants. In this case, however, there is no evidence of antidepressant and/or anticonvulsant failure. The bulk of the applicant's pain appears to be arthritic pain associated with the CMC joints of the thumbs as opposed to any form of neuropathic pain, it is further noted. Therefore, the request for topical lidocaine is not certified, on independent medical review.