

<b>Case Number:</b>	CM13-0047457		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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/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 patient is a 37-year-old male who was injured on May 4, 2012. He has been diagnosed with right joint pain, hand, with hardware status postsurgical; carpal tunnel syndrome, poor coping; and other unspecified fractures. According to the October 21, 2013 family medicine report from [REDACTED] the patient presents with ongoing right wrist and upper extremity pain. The patient underwent an open reduction and internal fixation (ORIF) of the wrist on May 9, 2012. The plan was for ultrasound therapy; trial of Lidopro ointment, and continue home exercise program (HEP) and transcutaneous electrical nerve stimulation (TENS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF LIDOPRO TOPICAL OINTMENT 121GM (DOS: 10/21/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines has some support for topical lidocaine in the dermal patch form, but states that Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The topical Lidocaine ointment is not a dermal patch and does not appear to be in accordance with MTUS guidelines. Therefore the request is not medically necessary.