

Case Number:	CM13-0050873		
Date Assigned:	12/27/2013	Date of Injury:	02/03/2010
Decision Date:	03/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 patient is a 48-year-old male who reported an injury on 02/03/2010 due to catching a falling objective that reportedly caused injury to his left wrist. The patient also developed right upper extremity symptoms due to overuse as a result of compensation for the left handed injury. Previous treatments have included activity modification, splinting, medications, corticosteroid injections, and physical therapy. The patient ultimately underwent right carpal tunnel release in 02/2013. The patient's most recent clinical examination revealed that the patient continued to have pain complaints rated at 7/10 to 9/10 that were treated with medications to include Norco 5/325 mg 1 to 2 tabs a day. The patient's diagnoses included bilateral carpal tunnel syndrome and status post right carpal tunnel release. The patient's treatment plan included continuation of medications to include hydrocodone and LidoPro topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) LidoPro topical ointment 4 oz: Upheld

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

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

Decision rationale: The requested LidoPro topical ointment 4 ounces is not medically necessary or appropriate. The requested compounded agent contains capsaicin, lidocaine, menthol and methyl salicylate. California Medical Treatment Utilization Schedule recommends the use of capsaicin as a topical agent when the patient has failed to respond to all first line treatments. The clinical documentation submitted for review does provide evidence that the patient has failed to respond to surgical intervention, noninvasive conservative treatments, and oral medications. California Medical Treatment Utilization Schedule recommends the use of menthol and methyl salicylate for relief of osteoarthritic pain. The clinical documentation does not provide any evidence that the patient's pain is related to osteoarthritis. California Medical Treatment Utilization Schedule does not recommend the use of lidocaine as a cream formulation as it is not FDA approved to treat neuropathic pain. California Medical Treatment Utilization Schedule states that any compounded medication that contains at least 1 drug or drug class that is not supported by guidelines recommendations is not recommended. As such, the requested LidoPro cream was not medically necessary or appropriate.