

<b>Case Number:</b>	CM13-0051573		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has filed a claim for trigger finger associated with an industrial injury date of August 23, 2010. The utilization review from October 21, 2013 denied the request for Lidopro Cream due to lack of documentation of failure of first line treatment and no study supporting its efficacy. The treatment to date has included TENS unit, acupuncture, oral and topical medications, bracing, physical therapy, and steroid injection. The medical records from 2013 were reviewed showing the patient complaining of left thumb pain rated at 7-8/10. The patient can do light cooking and minimal chores. She is able to do self-care without assistance. On examination, there is a slight limitation in movement of the left thumb due to pain. Tenderness was noted at the base of the thumb and the A1 pulley. Effusion was also noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO CREAM:** Upheld

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

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The California MTUS states that Capsaicin may be used when all other conventional treatments have failed. The California MTUS only recommends Lidocaine in a transdermal formulation with no other compounded component. In this case, the patient was first prescribed Lidopro in October 2013. However, this compound medication is not supported by guidelines and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Lidopro is not medically necessary.