

Case Number:	CM13-0053021		
Date Assigned:	12/30/2013	Date of Injury:	07/23/2003
Decision Date:	03/21/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/18/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 53-year-old injured worker who reported an injury on 07/23/2003. The mechanism of injury was not submitted. The patient was diagnosed with chronic elbow and forearm pain on the right and left status post medial and lateral epicondylar release bilaterally; carpal tunnel syndrome on the right status post decompression; stenosing tenosynovitis of the A1 pulley on the right status post release of the thumb; stenosing tenosynovitis along the A1 pulley of the long and ring finger, treated with observation; and weight gain. The patient complained of significant pain in the right hand. The patient reported pain between the 2nd and 3rd digit on the right hand with triggering. The patient reported that the fingers get stuck and they have to be manually pulled straight. The patient takes Norco for pain, Soma for muscle spasms and stiffness. The patient also takes Neurontin for nerve pain, as she has numbness and tingling in the hands. The patient uses topical lotion for pain relief during the day. Objective findings included tenderness along the lateral medial epicondyles bilaterally. The patient also had CMC and STT joints bilaterally and triggering along the 1st and long finger of the right hand with tenderness along the A1 pulleys. The treatment plan included continuation of medication, hot and cold wrap, braces, and TENS unit. The patient was also recommended laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of LidoPro Lotion 4 oz: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The patient complained of pain to the right hand; however, the guidelines do not recommend in the lidocaine in the formulation of lotions, creams or gels. The request for 1 prescription of LidoPro lotion 4 oz is not medically necessary and appropriate.

Terocin Patch #20: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The patient complained of severe right hand pain. However, CA MTUS does not recommend compound topical analgesics. The request for Terocin Patch # 20 is not medically necessary and appropriate.