

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0108348 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 02/04/2013 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 07/11/2014 |

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 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 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:

This is a 35-year-old male with a 2/4/13 date of injury, when his right hand got caught in the mixer. The patient underwent surgical fixation of the right index finger on 2/15/13. The progress note dated 7/2/14 indicated that the patient was using Lidopro ointment. The patient was seen on 9/18/14 with complaints of continued 6/10 right hand pain, worsening at night. Exam findings revealed normal gait and mental status, blood pressure of 129/76 and pulse 74. The examination of the right hand revealed reduced flexion/extension in the second digit of the right hand and extensive surgical scar and skin changes over the second digit of the right hand. The patient completed postoperative physical therapy and was using paraffin baths at home that was very helpful. The diagnosis is status post right index finger surgery, Treatment to date: physical therapy, TENS unit, home exercise program, medications, paraffin baths. An adverse determination was received on 7/7/14 given that the records did not describe neuropathic pain in objective findings, nor the failure of antidepressants or antiepileptic drugs to support topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment, four ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: LidoPro lotion contains Lidocaine, Capsaicin, Menthol and Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The progress notes indicated that the patient was using Lidopro ointment at least from 7/2/14. However, there is a lack of documentation indicating subjective and objective gains with previous treatment with the ointment. In addition, LidoPro contains lidocaine that is not recommended in compound formulations due to CA MTUS Guidelines. Therefore, the request for LidoPro lotion 4oz #1 is not medically necessary.