

Case Number:	CM14-0015014		
Date Assigned:	02/28/2014	Date of Injury:	05/08/2008
Decision Date:	07/22/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/06/2014

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:

The patient is a 57-year-old male who has submitted a claim for right TFCC tear and right carpal tunnel syndrome associated with an industrial injury date of 05/08/2008. Medical records from 07/08/2013 to 01/31/2014 were reviewed and showed that patient complained of ulnar-sided wrist pain aggravated by repetitive activities. There was associated paresthesias that awaken him at night and interfered with activities of daily living. Physical examination revealed tenderness over the ulnocarpal joint with positive ulnocarpal grind. Positive Tinel's, Phalen's and compression tests were noted. Treatment to date has included paraffin e-stimulation, Naproxen 550mg, Methoderm 120ml and TENS patches. Utilization review, dated 01/31/2014, did not grant the request for prescription of Lidopro cream 4 ounces because the guidelines do not consistently support compound medications including ketoprofen, lidocaine (in creams, lotion, or gels), capsaicin in 0.0375% formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs for topical applications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: LIDOPRO CREAM 4 OUNCES: 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): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that, 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. Lidopro Ointment contains four active ingredients; Capsaicin in a 0.0325% formulation, Lidocaine in a 4.5% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 27.5% formulation. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for prescription of Lidopro Cream 4 ounces is not medically necessary.