

Case Number:	CM14-0110814		
Date Assigned:	09/16/2014	Date of Injury:	12/03/2009
Decision Date:	10/20/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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 Orthopedic Surgery 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:

48-year-old male claimant with an industrial injury dated December 2009. The patient is status post a right thumb CMC joint arthroscopy with hemi-trapeziectomy and MCP joint pinning as of May 2013. The patient was undergone physical therapy sessions with medical improvement. Exam note 06/12/14 states the patient returns with pain and weakness of the right thumb. Upon physical exam there was tenderness to palpation surrounding the right thumb CMC joint. The thumb extension is full but the patient reports to have trouble with gripping and lifting activities. Palmar abduction is to the PIP joint of the small finger. Exam note 06/16/14 states that the patient returns and rates the finger/wrist pain an 8/10. The patient reports the pain frequency at 80%. Treatment includes a revision of the right thumb CMC joint arthroplasty and Lidopro gel to aid in pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Gel: 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): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the determination is not medically necessary.