

Case Number:	CM14-0139287		
Date Assigned:	09/05/2014	Date of Injury:	11/12/2001
Decision Date:	10/03/2014	UR Denial Date:	08/24/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 claimant is a 42-year-old with an injury date of 11/12/01. The injured worker complains of constant, activity-related bilateral carpal tunnel pain, with pain rated 4/10 at its least, and 8/10 at its worst, per 8/1/14 report. Based on the 8/1/14 progress report, the diagnosis is carpal tunnel syndrome. The physical exam on 8/1/14 showed, for the right wrist: carpal tunnel testing positive, rated mild, radiating into ulnar digits. The range of motion (ROM) for the right wrist was listed as flexion 60, extension 50, ulnar deviation (UD) 35, and radial deviation (RD) 15. For the left wrist, the exam showed: carpal tunnel testing positive, radiating into middle digits. The ROM for the left wrist was listed as flexion 60, extension 60, UD 40, and RD 20. The provider is requesting an unknown prescription for Lidopro topical ointment. The utilization review determination being challenged is dated 8/24/14. The requesting provider submitted treatment reports from 4/4/14 to 8/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription for Lidopro Topical Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Topical Analgesics Page(s): 56-57 and 111-113.

Decision rationale: This injured worker presents with bilateral wrist pain. The treating physician has asked for an unknown prescription for LidoPro topical ointment on 8/1/14. The patient is currently using LidoPro per 8/1/14 report. Lidopro is a compounded ointment that contains capsaicin, lidocaine, menthol, and methyl salicylate. MTUS guidelines, on page 57, state, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." The MTUS, on page 112, also states, "Lidocaine Indication: Neuropathic pain - Recommended for localized peripheral pain." MTUS specifically states, however, that only the dermal patch form of lidocaine is indicated. In this case, the requested lidocaine compound formula is not indicated per MTUS guidelines. Therefore, the request cannot be deemed medically necessary.