

Case Number:	CM14-0150348		
Date Assigned:	09/18/2014	Date of Injury:	02/19/2013
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 patient is a 38 year old male with an injury date of 02/19/13. Based on the 07/30/14 progress report provided by [REDACTED] the patient complains of lumbar spine and left wrist pain. The patient is recovering from his hand surgery. Treater is requesting Diclofenac/Lidocaine cream in an attempt to wean patient off Vicoprofen. The patient is temporarily totally disabled. Diagnosis 07/30/14- acute lumbosacral strain, rule out disc herniation- acute laceration of the left ulnar hand and left wrist with ulnar neuraxia- left hand arthrofibrosis- right wrist compensatory chronic pain- rule out left hand internal derangement. Dr. [REDACTED] is requesting Lidocaine Hydrochloride 3% Hydrocortizone Acetate 0,05% cream. The utilization review determination being challenged is dated 08/20/14. The rationale is: "Diclofenac is not recommended due to risk profile." [REDACTED] is the requesting provider, and he provided treatment reports from 06/30/14 - 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Hydrochloride 3%/Hydrocortizone Acetate 0.05% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Diclofenac

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

Decision rationale: The patient presents with lumbar spine and left wrist pain. The request is for Lidocaine Hydrochloride 3% Hydrocortizone Acetate 0,05% cream. His diagnosis dated 07/30/14 includes acute lumbosacral strain and left hand arthrofibrosis. The MTUS has the following regarding topical creams (p111, chronic pain section): " Lidocaine Indication: Neuropathic pain. 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per progress report dated 07/30/14, treater is requesting Lidocaine cream in an attempt to wean patient off Vicoprofen. However, the requested topical ointment is not indicated by MTUS. Recommendation is for denial.