

Case Number:	CM14-0027448		
Date Assigned:	06/13/2014	Date of Injury:	11/28/2012
Decision Date:	08/12/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 injured worker is a 31-year-old female who reported an injury on 11/20/2012. The mechanism of injury was not provided. On 11/13/2013, the injured worker presented for a followup on bilateral wrist carpal tunnel syndrome and stated that symptoms were continuing to improve with occupational therapy. She also reported that the Z glove helped with swelling and inflammation. Upon examination, the right wrist had tenderness to palpation with mild swelling over the surgical site, flexion was 80 degrees, and extension was 75 degrees. The diagnoses were bilateral upper extremity overuse syndrome, bilateral wrist dynamic carpal tunnel syndrome, and status post right wrist carpal tunnel release dated 07/18/2013. The provider recommended Enova and Xolido cream. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENOVA RX: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis in particular that of the knee or elbow or other joints that are amenable to topical treatment with a short course of therapy of 4 to 12 weeks. The Guidelines also state that Lidoderm is the only FDA approved topical form of lidocaine. The documentation does not indicate that the injured worker has a diagnosis congruent with the Guideline recommendation of topical NSAIDs and Lidoderm is the only topical formulation of lidocaine that is FDA approved. The provider's request does not indicate the site that the cream is intended for, the dose, or the frequency in the request as submitted. As such, the request for Enova rx is not medically necessary and appropriate.

XOLIDO CREAM: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis in particular that of the knee or elbow or other joints that are amenable to topical treatment with a short course of therapy of 4 to 12 weeks. The Guidelines also state that Lidoderm is the only FDA approved topical form of lidocaine. The documentation does not indicate that the injured worker has a diagnosis congruent with the Guideline recommendation of topical NSAIDs and Lidoderm is the only topical formulation of lidocaine that is FDA approved. The provider's request does not indicate the site that the cream is intended for, the dose, or the frequency in the request as submitted. As such, the request for Xolido cream is not medically necessary and appropriate.