

Case Number:	CM14-0073482		
Date Assigned:	07/16/2014	Date of Injury:	10/23/2007
Decision Date:	08/26/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/20/2014

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 Rehabilitation & Pain Management 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 65 year old with an injury date on 10/23/07. Patient complains of persistent left wrist and left hand pain, rated 6/10 per 3/19/14 report. Patient states her activity level is limited, but the LidoPro cream decreased pain by 50% temporarily and allows her to do household chores and sleep better per 3/19/14 report. Based on the 3/19/14 progress report provided by [REDACTED] the diagnoses are: 1. flexor tendonitis left index and long fingers 2. s/p left carpal tunnel release and volar sheath surgery in September of 2009 3. MRI findings of ganglion of extensors (not clinically apparent) 4. DJD, PIP joints, index, and long finger 5. mild residual carpal tunnel syndrome, electrodiagnostically supported 6. left foot/ankle severe midfoot DJD 7. index and long trigger finger Exam on 3/19/14 showed "left wrist/hand has extension to 60 degrees, flexion to 70 degrees, radial deviation to 20 degrees, ulnar deviation to 30 degrees. Positive Tinel's, negative Phalen's. Minimal tenderness over flexor tendons of left wrist with palpation. Good grip strength. Full range of motion of all MCP and JP joints." [REDACTED] is requesting 1 prescription of Lidopro topical ointment, 4oz. The utilization review determination being challenged is dated 4/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/4/13 to 10/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of LidoPro topical ointment, 4 oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical LidoPro.

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

Decision rationale: This patient presents with left wrist/hand pain and is s/p left carpal tunnel release in 2009. The treater has asked for 1 prescription of Lidopro topical ointment, 4oz. on 3/19/14. Regarding topical lidocaine, MTUS recommends it for localized peripheral pain, and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states, however, that only the dermal patch form of lidocaine is indicated. In this case, the requested Lidopro (ointment form of lidocaine) is not indicated per MTUS guidelines. Therefore, the request is not medically necessary.