

<b>Case Number:</b>	CM14-0074362		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Nevada. 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 42-year-old gentleman who was reportedly injured on February 2, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 1, 2014, indicates that there are ongoing complaints of right sided thumb pain. The injured employee uses a brace for nighttime usage as well as oral medications. Pain relief is stated to be achieved with topical patches, lotions, and Norco. The physical examination demonstrated tenderness along the base of the right thumb, the first extensor, and the carpometacarpal joint. There was mild weakness to resistance with thumb abduction. Diagnostic imaging studies not review during this visit. Previous treatment includes a right thumb A1 pulley release and postoperative physical therapy a request had been made for LidoPro lotion and was not certified in the pre-authorization process on May 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Lotion 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing, NSAIDs (non-steroidal anti-inflammatory drugs), and Lidocaine Indication: Neuropathic pain Page(s): 86, 67, and 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** LidoPro is a brand name formulation of transdermal Lidocaine, an anesthetic agent. It is recommended for use in treating post-herpetic neuralgia and complex regional pain syndrome. It can also be used to treat localized neuropathic pain after there has been failure of treatment with oral anti-neuropathic pain medications. According to the attached medical record the injured employee has no complaints or physical exam findings of neuropathic pain. Therefore this request for LidoPro lotion is not medically necessary.