

Case Number:	CM14-0077013		
Date Assigned:	07/18/2014	Date of Injury:	05/05/2005
Decision Date:	09/24/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 56 year old female who reported an injury on 05/05/2005. The mechanism of injury was not indicated. On the progress report dated 03/11/2014, the injured worker was diagnosed with status post bilateral carpal tunnel release with residuals, recurrent impingement of the right shoulder, and flexor tenosynovitis of the left ring finger. The injured worker was treated with medication, cortisone injection, and surgery. The injured worker's medical records did not indicate any diagnostic studies. The injured worker previously underwent bilateral carpal tunnel release on unknown date. The injured worker complained of intermittent shoulder pain. The injured worker had tenderness and thickening over the A1 pulley of the middle and ring finger. The injured worker was prescribed P4 topical compound 120g for acute exacerbations. The treatment plan included recommendations for medications x1 topical compound 120gm with 3 refills. The rationale for the request was not indicated. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medications x 1 Topical Compound. 120gm with 3 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker complains of intermittent shoulder pain. P4 topical compound contains lidocaine 4%, menthol 1%, and camphor 0.5% in 60g gel. The California MTUS guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The guidelines states that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine in the form of Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine creams, lotions or gels are indicated for neuropathic pain. The guidelines do not recommend Lidocaine in cream form for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the dose, frequency, and site at which the medication is to be applied. As such, the request for topical compound 120gm with 3 refills is not medically necessary.