

<b>Case Number:</b>	CM14-0187144		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 28 year old male who sustained an industrial injury on 03/15/12. The progress note from 09/03/14 was reviewed. He had persistent right hand pain at 5-6/10 in intensity. He was status post right index nail matrix and plate laceration repair, right long finger and ring finger complex laceration repair. He had increased sensitivity with difficulty doing routine activities with the right hand including grasping, grabbing, lifting and carrying. He did desensitization of his right hand pain at home, but had persistent pain limiting his routine activities. Dysesthesia was noted to light touch in the right second, third and fourth digits. Decreased range of motion noted in right second through fourth digits. Diagnoses were neuropathic pain right hand digits, status post repair of right second, third and fourth digit laceration repair, right hand pain and crush syndrome. The request was for Lidocaine gel 2% to right hand QID for neuropathic pain and Voltaren gel 1% QID for pain and inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine gel 2 %:** 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:** According to MTUS Chronic Pain Medical Treatment Guidelines, topical Lidocaine may be recommended for localized peripheral pain due to neuropathy after there has been evidence of a trial of first line therapy (antidepressants or anti-epilepsy drugs). No other formulations of Lidocaine except for the Lidoderm patch are indicated for neuropathic pain. Since the employee was using Lidocaine gel for neuropathic pain, the use is not consistent with MTUS guidelines. The request for Lidocaine gel is not medically necessary or appropriate.

**Voltaren 1% with 3 refills:** Overturned

**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): 112.

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDS are not recommended for neuropathic pain, but they may be useful for chronic musculoskeletal pain, osteoarthritis and tendinitis in joints that are amenable to topical treatment. The employee had ongoing pain in right hand which was amenable to treatment and hence the request for topical Voltaren is medically necessary and appropriate.