MAXIMUS Federal Services

Case Number:	CM14-0193231		
Date Assigned:	12/05/2014	Date of Injury:	11/03/2013
Decision Date:	01/15/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/18/2014

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 patient is a 26 year old female with date of injury 11/3/13. The treating physician report dated 9/18/14 (39) indicates that the patient presents with pain affecting her left hand/wrist and finger. The physical examination findings reveal a positive Tinel's and Phalen's test and pain rated as 7/10. Prior treatment history includes physical therapy, use of wrist splint, home exercise program, acupuncture, use of a TENS unit and paraffin bath treatment. Electro-diagnostic study findings dated 5/29/14 reveal no electro-diagnostic evidence that would be consistent either with a cervical radiculopathy on the left side or with a peripheral nerve injury on the left side. The results showed a normal study. The current diagnoses are: Carpal tunnel syndrome, Trigger finger (Acquired), Hand injury. The utilization review report dated 10/10/14 denied the request for Lidopro (Lidopracin) 121g for the given diagnosis of carpal tunnel syndrome and acquired trigger finger of left hand/wrist based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro (Lidopracin) 121g for the given diagnosis of carpal tunnel syndrome and acquired trigger finger of left hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The patient presents with chronic pain affecting her left hand/wrist and fingers. The current request is for request for Lidopro (Lidopracin) 121g for the given diagnosis of carpal tunnel syndrome and acquired trigger finger of left hand/wrist. The treating physician report dated 9/30/14 (Pg. 12) reveals a positive Tinel's and Phalen's test and pain rated as 7/10. The treating physician has prescribed LidoPro lotion which is a compound topical analgesic with active ingredients of Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10% and Capsaicin .0375%. The MTUS guidelines do recommend topical analgesics. MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason,2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." The patient has been using topical analgesics since at least 6/17/14 (Pg. 57) which is beyond guideline recommendations. Furthermore, MTUS guidelines allow only a patch formulation for lidocaine and it is not allowed in lotion, gel or cream formulation. Recommendation is for denial.