

Case Number:	CM15-0104077		
Date Assigned:	06/08/2015	Date of Injury:	07/05/2011
Decision Date:	07/09/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 sustained an industrial injury on July 5, 2011, incurring left thumb injuries. He underwent a resection arthroplasty of the thumb and right carpal tunnel release. Treatment included anti-inflammatory drugs, pain medications, proton pump inhibitor, surgical intervention, bracing, physical therapy, steroid injections and work restrictions. Currently, the injured worker complained of persistent right and left wrist and hand pain with decreased sensation, stiffness and restricted range of motion. Electromyography studies revealed left carpal tunnel syndrome and tenosynovitis. He was diagnosed with bilateral joint arthritis, left third digit tenosynovitis and left median neuropathy. The treatment plan that was requested for authorization included a prescription for Lidocaine Gel.

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 8 C.C.R. 9792.20 - 9792.26 Page(s): 112 of 127.

Decision rationale: The patient sustained an injury in July of 2011. He has been diagnosed with carpal tunnel syndrome and underwent right carpal tunnel release. He has been also been treated with medications, physical therapy, and steroid injections with persistent discomfort. The request is for the use of lidocaine gel to aid in pain relief. The MTUS guidelines require specific indications for use of topical lidocaine. This only includes neuropathic pain after first line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The records do not reflect that the patient has undergone a trial of the above-mentioned initial treatment. As such, the request is not medically necessary. "Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic."