MAXIMUS Federal Services

Case Number:	CM15-0109946		
Date Assigned:	07/10/2015	Date of Injury:	01/17/2014
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/08/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 50 year old female patient who sustained an industrial injury on 01/17/2014. The accident was described as while working pulling a clothing rack she had a bunch of T-shirts over her arm and began to pull on the rack when she immediately felt a sharp pain in the left arm. She was diagnoses with a sprained/strained wrist treated with medications, altered activity and a course of physical therapy. A primary treating office visit dated 03/03/2015 reported the patient continuing to have difficulty controlling blood glucose levels. She continues with left wrist with some spasm and numbness of the left hand. Objective findings showed the left wrist with swelling and positive trigger point. The recommendation was to prescribe LidoPro ointment to help with the numbness. She was administered 4 trigger point injections to the left shoulder. The following diagnoses were applied: myofascial pain syndrome, worsened; cervical spine strain/sprain, chronic and left fourth trigger finger, chronic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical applications Page(s): 112.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains topical Lidocaine and NSAID. Lidocaine is 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 NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case the claimant did not have a diagnosis of osteoarthritis. Although, Lidocaine may be appropriate for a short-term basis since prior Gabapentin had failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound contains a topical NSAID which is not indicated. LidoPro as above is not medically necessary.