

Case Number:	CM15-0148113		
Date Assigned:	08/11/2015	Date of Injury:	12/05/2013
Decision Date:	09/24/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: Physical Medicine & Rehabilitation

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 43-year-old female, who sustained an industrial injury on December 5, 2013. The injured worker was diagnosed as having pain in the joint of the hand, reflex sympathetic dystrophy of the upper limb, generalized anxiety disorder, depressive disorder, and sleep disturbance not otherwise specified. Treatments and evaluations to date have included heat, TENS, cognitive behavioral therapy (CBT), and medication. Currently, the injured worker reports right wrist pain and right hand pain. The Treating Physician's dated July 21, 2015, noted the injured worker reported her pain as mild and fluctuating, increased since the previous visit, rated 2 out of 10 with 0 being no pain and 10 having the worst pain possible. The injured worker was noted to not be taking any pain medications, reporting relief with the Lidopro ointment. The injured worker was noted to have pain with wrist extension and flexion, and decreased light touch sensation over the lateral hand on the left side. The injured worker was noted to have minimal increase in swelling due to increased use of her hand. The treatment plan was noted to include continued cognitive behavioral therapy (CBT), a refill for the Lidopro, continued use of rest, heat, and the TENS unit, and a urine sample for a urine drug screen (UDS). The injured worker was noted to be working full time without restrictions as of June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4.5% ointment QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 and 111-113.

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

Decision rationale: The patient presents with pain in the right wrist and right hand. The request is for Lidopro 4.5% ointment, qty: 1. Examination to the right wrist on 07/21/15 revealed pain with extension and flexion. Per 04/29/15 progress report, patient's diagnosis includes pain in joint of hand, reflex sympathetic dystrophy of the upper limb, and sleep disturbance not otherwise specified. Patient's work status is regular duties. The MTUS has the following regarding topical creams (p111, Chronic Pain guidelines, Topical Analgesics section): Lidocaine 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. Treater does not discuss this request. Review of the medical records provided indicates that the patient has received prescriptions for Lidopro Ointment from 03/25/15 through 07/21/15. However, treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS only supports Lidopro in a patch formulation and not as an ointment, lotion, gel or other forms. Additionally, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested Lidopro ointment contains Lidocaine, which is not supported for topical use in cream form per MTUS. Therefore, the request is not medically necessary.