

Case Number:	CM15-0163139		
Date Assigned:	08/31/2015	Date of Injury:	10/22/2013
Decision Date:	10/05/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/19/2015

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 10-22-2013. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included diagnostics, splinting, physical therapy, rest, and medications. Currently, the injured worker reports less pain in her right wrist after modification of job duties, no longer requiring repetitive use of her hands. Pain was not rated. Medications included Gabapentin, Motrin, and Lidopro cream. She was currently working full time without restrictions. The treatment plan included continued medications. The use of Lidopro was noted since at least 11-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The 43 year old patient complains of pain in the right wrist, rated at 2/10, as per progress report dated 08/17/15. The request is for Lidopro Cream 121 gram. The RFA for this case is dated 08/17/15, and the patient's date of injury is 10/22/13. Diagnoses, as per progress report dated 08/17/15, included tenosynovitis of wrist or hand, and carpal tunnel syndrome. Medications included Gabapentin, Lidopro cream and Motrin. As per progress report dated 11/17/15 included neck pain, rated at 7/10, radiating to bilateral shoulders, and low back pain, rated at 5/10. The patient is working full-time without restrictions, as per progress report dated 08/17/15. 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 (tricyclic 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. In this case, a prescription for Lidopro cream is first noted in progress report dated 11/17/14 and it appears that the patient has been using it consistently since then. As per the report, Lidopro cream is "helpful for pain control." It is, however, not clear how and where this cream is being used. Additionally, MTUS guidelines do not support any other formulation of Lidocaine other than the topical patch. Hence, the request is not medically necessary.