

Case Number:	CM15-0168752		
Date Assigned:	09/09/2015	Date of Injury:	07/30/2014
Decision Date:	10/08/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old female, who sustained an industrial injury on 07-30-2014. The injured worker is currently able to return to modified work, but modifications are no available so she remains temporarily totally disabled. Current diagnoses include hand sprain-strain, DeQuervain's, and wrist tendinitis-bursitis. Treatment and diagnostics to date has included a negative electrodiagnostic study dated 07-29-2015 and use of medications. In a progress note dated 07-30-2015, the injured worker reported left sided wrist and hand pain with numbness, tingling, and weakness. The physician noted that topical ointment is being provided so that the injured worker can use locally to help reduce her pain and help reduce the need for taking oral pain medications. Objective findings and other prescribed medications were not included in progress report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of LidoPro ointment: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for left hand and wrist pain and underwent a left thumb trigger release with tenosynovectomy and deQuervain's release in March 2015. When seen, she was having ongoing left wrist and hand pain with numbness, tingling, and weakness. Electrodiagnostic testing was pending. Medications were refilled and LidoPro was prescribed. Lidopro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Intolerance or lack of effect from other available treatments is not documented. Lidopro was not medically necessary.