

Case Number:	CM15-0180819		
Date Assigned:	09/22/2015	Date of Injury:	01/16/2015
Decision Date:	11/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/14/2015

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 male, who sustained an industrial injury on 1-16-2015. Medical records indicate the worker is undergoing treatment for left elbow sprain/strain, left elbow tenosynovitis, left elbow medial epicondylitis, left wrist sprain, DeQuervain's tenosynovitis of the left hand, grip weakness and left hand numbness. A recent progress report dated 8-28-2015, reported the injured worker complained of left elbow pain and left wrist and hand pain and numbness and tingling in the left upper extremity. Physical examination revealed decreased extension and flexion of the left wrist, left epicondyle tenderness, positive resistive flexion and extension of the right wrist and swelling and tenderness to the left wrist. Treatment to date has included home exercise program, TENS (transcutaneous electrical nerve stimulation), physical therapy and medication management. On 8-28-2015, the Request for Authorization requested Lidopro cream 121gm. On 9-14-2015, the Utilization Review noncertified the request for Lidopro cream 121gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with left elbow pain, and left wrist and hand pain. The request is for LIDOPRO CREAM 121GM X1. The request for authorization is dated 08/28/15. Physical examination reveals full range of motion of the left elbow. Decreased flexion more than extension of the left wrist. Tender to internal epicondyle and internal and external aspect of the left forearm. Positive resistive flexion and extension of the right wrist. Swelling of the ulnar and volar aspect of the left wrist. Tender to the volar, dorsal and radial aspects of the the left wrist. Finkelstein's test positive. Patient is to continue HEP and TENS unit. Patient's medications include Motrin and Lidopro. Per work status form dated 09/10/15, the patient is on modified duties. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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 specifically discuss this medication. 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 topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.