MAXIMUS Federal Services

Case Number:	CM15-0191738		
Date Assigned:	10/05/2015	Date of Injury:	11/12/2014
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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, North Carolina
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 31 year old male who sustained an industrial injury on November 12, 2014. A recent primary treating office visit dated September 09, 2015 reported subjective complaint of: "right wrist pain." He continues to report both radial and ulnar sided wrist pain. He states that neither one is more severe. The assessment noted: right wrist pain that now appears to be consistent with DeQuervain's tenosynovitis along with TFCC pathology; history of remote wrist trauma with un-united ulnar styloid fracture. He has not responded to conservative measures to include: activity modification, splinting, oral medications, physical therapy, or injections. There is noted request for surgical intervention. Primary follow up September 05, 2015 reported the following medications dispensed: Naproxen, LidoPro cream, and prescription for Norco. On September 04, 2015 a request was made for LidoPro ointment that was noted noncertified by Utilization review on September 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for LidoPro cream 121gm (DSO: 9/4/15): 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety and efficacy. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is for Lidopro, a compounded product containing Lidocaine, menthol and methyl salicylate. Guidelines state that the only commercially approved formulation of Lidocaine that is approved is the Lidoderm patch. Therefore the request is not medically necessary or appropriate.