

Case Number:	CM15-0197573		
Date Assigned:	10/13/2015	Date of Injury:	09/19/1996
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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: North Carolina, Georgia
 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 55 year old female who sustained an industrial injury September 19, 1996. Past history included diabetes, hypertension, asthma, and right carpal tunnel surgery 1997. According to a primary treating physician's progress report, dated September 17, 2015, the injured worker presented with complaints of constant pain in the left hip with radiation to the left lower extremity and pain in the bilateral wrists. She rated her pain 7 out of 10 but the average is 8 out of 10. Previously prescribed medication included ThermaCare, Norco, Naproxen, Robaxin, and Lidoderm 5% patch. Objective findings included: 5'6" and 255 pounds; joints-elbows- tenderness, positive Tinel's right elbow at ulnar groove, Tinel's positive at left wrist, wearing a tennis elbow strap; lumbar spine- tenderness in the left hip and left bursa; carpal tunnel left- positive Tinel's left, compression test positive; carpal tunnel right- Tinel's positive, compression test positive, Phalen's positive; cubital tunnel right-Tinel's positive. Assessments are carpal tunnel syndrome; cervical spondylosis; lesion of ulnar nerve; degenerative disc disease, cervical. At issue, is a request for authorization for LidoPro. According to utilization review dated September 29, 2015, the request for LidoPro 4.5%, 27.5%, 0.0325% topical ointment (1) tube as directed as needed for 30 days (2) tubes is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 4.5%, 27.5%, 0.0325% topical ointment 1 tube, as directed as needed for 30 days, #2 tubes: Upheld

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

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

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Lidopro cream contains methyl salicylate, menthol, capsaicin and lidocaine. Methyl salicylate is a non-steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, Lidopro cream is not medically necessary and the original UR decision is upheld.