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| Case Number: | CM15-0200990 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 01/20/2015 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 10/09/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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-work injury on 1-20-15. A review of the medical records indicates that the injured worker is undergoing treatment for right hand fourth metacarpal fracture. Medical records dated 10-1-15 indicate that the injured worker complains of right hand pain that is pressure-like and constricting that radiates to the right elbow. The pain is associated with joint pain, joint stiffness and weakness and that the hand is cold at times. He states that the pain is aggravated by gripping and relieved with massage and medications but medications are less effective. The physician indicates that he tolerates the medications well. Per the treating physician, report dated 10-1-15 the injured worker is able to work full time with no restrictions as of this date. The physical exam reveals the right hand fourth and fifth digits are slightly flexed and he is unable to make a fist. There is tenderness to palpation over the metacarpophalangeal joint of the ring finger and little finger. The right hand strength is less than the left hand. The sensory exam is normal. Treatment to date has included pain medication, Ibuprofen, Naproxen and Omeprazole, Lidopro ointment since at least 7-8-15, casting, splinting, diagnostics, strengthening exercises and stretching, activity modifications, and other modalities. The request for authorization date was 10-1-15 and requested service included Lidopro 4% ointment for right hand pain. The original Utilization review dated 10-9-15 non-certified the request for Lidopro 4% ointment for right hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% ointment for right hand pain: Upheld

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

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

Decision rationale: This 31 year old male patient has complained of right hand pain since date of injury 1/20/2015. He has been treated with physical therapy and medications. The current request is for Lidopro ointment. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. Based on the MTUS guidelines cited above, Lidopro ointment is not indicated as medically necessary.