

Case Number:	CM15-0204193		
Date Assigned:	10/21/2015	Date of Injury:	01/22/2008
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/17/2015

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: Arizona, California

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 52 year old female, who sustained an industrial injury on 1-22-2008. The injured worker was diagnosed as having bilateral forearm pain, myofascial pain, and bilateral de Quervain tenosynovitis. Treatment to date has included ultrasound therapy, paraffin baths, home exercise program, modified work status, and medications. Currently (9-11-2015), the injured worker complains of bilateral wrist pain, described as a 4 out of 10 aching pain (unchanged from 8-07-2015 and 6-26-2015), exacerbated by typing. She reported occasional numbness and tingling of her upper extremities with typing, bilateral weakness of her grip, and pain in her bilateral forearms. Medication use included Lidopro ointment (since at least 3-2015) and Ibuprofen. Failed medication was not specified. Physical exam noted full range of motion to the bilateral wrists and tenderness over the extensor compartment of both forearms, along with positive Finkelstein bilaterally. The treating physician noted that she was to continue Lidoderm patches, Ibuprofen, and Lidopro, noting that topical cream was helpful in keeping oral medication intake minimal and keeping functionality. She worked part time, modified duty. On 9-25-2015, Utilization Review non-certified a request for Lidopro topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream for topical analgesic: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Long-term use is not recommended. Lidopro contains topical Lidocaine and NSAID. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidopro is not recommended. The claimant was on topical Lidocaine prior to LidoPro as well. LidoPro as above is not medically necessary.