

Case Number:	CM15-0205175		
Date Assigned:	10/22/2015	Date of Injury:	08/05/2013
Decision Date:	12/10/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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, Hawaii

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:

This 38 year old man sustained an industrial injury on 8-5-2013. Diagnoses include right wrist pain, hyperesthesia, and paresthesia of the skin. Treatment has included oral and topical medications including Diclofenac and LidoPro ointment and right wrist brace. Physician notes dated 10-6-2015 show complaints of right wrist pain rated 7 out of 10 with radiation to the elbow and forearm with swelling. The worker rates his pain 6 out of 10 without medications and 4 out of 10 with medications. The relief lasts about four hours. The pain rating is increased since his last visit. The physical examination shows painful range of motion of the right wrist, right hand strength is noted 4 out of 5 and involuntary movements are noted. Recommendations include Diclofenac, LidoPro, and follow up in four weeks. Utilization Review denied a request for LidoPro ointment on 10-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% ointment #1: 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: The patient presents with right wrist pain. The current request is for Lidopro 4% ointment #1. The treating physician's report dated 10/06/2015 (39B) states, "Relieving factors include medication, rest and wearing of brace. He states that medications are less effective." There are no specific discussions about the efficacy of Lidopro in the documents provided. The MTUS guidelines page 111 to 113 states for topical analgesics, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS further states that for lidocaine, no other commercially approved topical formulations whether creams, lotions or gels are indicated for neuropathic pain. The records show that the patient was prescribed Lidopro since before 07/23/2015 (62B). LidoPro is a compounded ointment containing capsaicin 0.0325%, lidocaine HCL 4%, menthol 10%, and methyl salicylate 27.5%. In this case, the guidelines do not support lidocaine in other formulations other than in patch form. The current request is not medically necessary.