

Case Number:	CM15-0031226		
Date Assigned:	02/24/2015	Date of Injury:	11/10/2011
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41 year old female who sustained a work related injury on November 10, 2011, when she incurred bilateral wrist and hand pain. She was diagnosed with tenosynovitis of the wrist and hand. She underwent left carpal tunnel release. Treatment included paraffin bath, physical therapy, bracing and splinting, topical pain cream, Transcutaneous Electrical Nerve Stimulation (TENS) Unit, and anti-inflammatory drugs. Currently, the injured worker complained of numbness and pain of the left hand and fingers. On February 11, 2015, a request for one prescription for Lidopro topical cream for pain was non-certified; and one prescription for Gabapentin 100 mg #60 was certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical cream for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28 of 127. Decision based on Non-MTUS Citation DailyMed - LIDOPRO- capsaicin, lidocaine, menthol and dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ef3f3597-94b9. Label: LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: No, the request for topical LidoPro cream was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine, is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last- line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing LidoPro compound at issue. The attending provider's handwritten January 26, 2015 progress note contained low to no rationale or justification for continued usage of LidoPro. Therefore, the request was not medically necessary.

Gabapentin 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19 of 127.

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of gabapentin. 6/10 pain complaints were evident on the January 26, 2015 progress note on which gabapentin was renewed. The attending provider's handwritten progress note did not contain any evidence of quantifiable decrements in pain and/or material improvements in function effected as a result of ongoing gabapentin usage (if any). Therefore, the request was not medically necessary.