Case Number:	CM15-0051435		
Date Assigned:	03/24/2015	**Date of Injury:**	01/17/2014
Decision Date:	05/01/2015	**UR Denial Date:**	03/16/2015
Priority:	Standard	**Application Received:**	03/18/2015

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
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 50 year old female with an industrial injury dated January 17, 2014. The injured worker diagnoses include chronic myofascial pain syndrome, cervical spine strain, and chronic left fourth trigger finger. Comorbid conditions include diabetes. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. Urine screen on 4 Sep 2014 was normal and there is no documentation since then to suggest drug seeking behaviors. According to the progress note dated 03/03/2015, the injured worker reported constant left wrist pain with some spasm and numbness of the left hand. Physical exam revealed swelling of the left wrist and positive Tinel's sign of the left wrist. The treating physician prescribed Lidopro creme to help with numbness and urine drug screen. Her present medications include omeprazole, Flexeril, Neurontin and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro creme: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin, topical; Salicylate topicals; Lidocaine Page(s): 28-9, 56, 105, 111-13.

Decision rationale: Capsaicin, lidocaine, menthol and methyl salicylate (Lidopro) cream is a combination product formulated for use as a topical analgesic. Capsaicin is a capsaicinoid compound with analgesic properties. It is used medically in the form of a topical ointment, spray or patch and is indicated for the temporary relief of minor aches and pains of muscles and joints and to reduce the symptoms of a peripheral neuropathy. It has also been used to treat the itching and inflammation caused by psoriasis. When compared to a placebo, its use has been superior in relieving chronic neuropathic pain and musculoskeletal pain. Lidocaine is an anesthetic recommended in the MTUS only for treatment of neuropathic pain and only in the formulation Lidoderm. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. Methyl salicylate is a non-steroidal anti-inflammatory medication (NSAID) and studies have shown NSAIDs have been effective when given topically in short-term use trails for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since lidocaine in combination with any other product is not recommended for topical use, this product is not recommended. Medical necessity for use of this preparation has not been established. The request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Chronic pain programs, opioids; Medications for chronic pain; Opioids Page(s): 34, 60, 74-96. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I Evidence Assessment, Pain Physician 2012; 15:S1-S662) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012;14(4):PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/.

Decision rationale: A drug test is a technical analysis of a biological specimen, for example urine, hair, blood, breath air, sweat, or oral fluid / saliva, to determine the presence or absence of specified parent drugs or their metabolites. Drug-testing a blood sample is considered to be the most accurate test for drugs or their metabolites but is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients

on chronic opioid therapy. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. Review of the available medical records for this patient reveals that the patient is not taking any controlled substance, has had a negative urine drug screen test within the last 6 months and has no documented comments suggesting aberrant, drug seeking behavior. Medical necessity for this procedure has not been established. The request is not medically necessary.