

Case Number:	CM15-0052500		
Date Assigned:	03/25/2015	Date of Injury:	08/19/2014
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/19/2015

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: 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 34 year old male who sustained an industrial injury on August 19, 2014. The injured worker struck his left 3rd digit with a hammer. Initial X-rays were negative for fracture. The injured worker was treated with exercise, medications and a transcutaneous electrical nerve stimulation (TEN's) unit. A magnetic resonance imaging (MRI) was noted as normal (no date documented). The injured worker was diagnosed with finger contusion. According to the primary treating physician's progress report on February 19, 2015, the injured worker continues to experience a minimal dull, stretching, achy pain in the right 3rd finger with flexion and touch. Examination demonstrated extreme tenderness with mild compression of the 3rd distal interphalangeal joint, a bony protuberance medially to the area and decreased range of motion. No surgical intervention was needed according to the review. Current medications are listed as Naproxen, Omeprazole and topical analgesics. Treatment plan is to continue with transcutaneous electrical nerve stimulation (TEN's) unit, home exercise program, prescribed medications and the current request for LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Cream 121mg: 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 Page(s): 111-112.

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. 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). 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 had been on oral NSAIDs as well with a pain level of 3/10. The pain reduction of reduction of medication use was not substantiated with the use of LidoPro. The request for continued use of LidoPro as above is not medically necessary.