

Case Number:	CM15-0052517		
Date Assigned:	03/26/2015	Date of Injury:	02/01/2009
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
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 58 year old female, who sustained an industrial injury on 2/1/09. The injured worker has complaints of upper extremity pain. The diagnoses have included bilateral upper extremity overuse syndrome; status post bilateral carpal tunnel surgery; status post right and left hand multiple trigger finger release and right shoulder tendinopathy. Treatment to date has included home exercise program; paraffin both hands; acupuncture; Transcutaneous Electrical Nerve Stimulation (TENS) unit; Magnetic Resonance Imaging (MRI) of the left wrist on 5/10/10; Magnetic Resonance Imaging (MRI) of the right shoulder on 12/8/12; electromyogram / nerve conduction velocity, upper extremities on 6/12/13; status post right shoulder surgery bilateral wrist surgery and medications. The request was for retro lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidopro cream 121gm #1: Upheld

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

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. The claimant was previously on topical Methoderm as well. There was no evidence of 1st line medication failure. Long-term use of topical analgesics such as Lidopro is not recommended. The request for Lidopro as above is not medically necessary.