

Case Number:	CM15-0056370		
Date Assigned:	04/01/2015	Date of Injury:	04/10/2013
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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: 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:

The injured worker is a 39 year old male who sustained an industrial injury on 4/10/13. The injured worker reported symptoms in the right upper extremity. The injured worker was diagnosed as having right wrist strain, pain in joint, wrist, right carpal tunnel syndrome, status post carpal tunnel syndrome and cubital tunnel release on 11/27/13. Treatments to date have included Occupational Therapy, activity modification, rest, and nonsteroidal anti-inflammatory drugs. Currently, the injured worker complains of right upper extremity pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Lidopro Cream 121gm (DOS: 02/18/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with right wrist pain rated at 7/10. The request is for retrospective lidopro cream 121gm (DOS 2/18/15). The request for authorization is dated 02/18/15. The patient is status-post carpal tunnel release, 11/27/13. Patient had a steroid injection in the right 3rd tendon sheath on 09/06/14. He uses TENS regularly, along with paraffin and home exercise program. No aberrant behavior. He is able to do more ADLs with medications, but he tries to minimize his pill intake. Patient's medications include Omeprazole, Tramadol, Nabumetone and Lidoderm patch. The patient is working full-time. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per progress report dated, 02/18/15, treater's reason for the request is "to apply in the painful finger - to avoid systemic SE from the oral medications." The patient continues to experience pain in the surgical incision site and also has stiffness with trigger finger of his 3rd finger in the morning due to cold weather. However, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.