

Case Number:	CM15-0060979		
Date Assigned:	04/07/2015	Date of Injury:	09/30/2011
Decision Date:	05/06/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	03/31/2015

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, Florida, 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 43-year-old male, who sustained an industrial injury on 9/30/11. He reported left wrist, left thumb and left hand crush injury. The injured worker was diagnosed as having left wrist pain, stenosing tenosynovitis and CMC joint inflammation of left thumb. Treatment to date has included oral medications, wrist brace and hot/cold wrap, left carpal tunnel release, first extensor compartment left hand release and activity restrictions. Currently, the injured worker complains of weakness in left hand with pain and swelling. Physical exam revealed weakness on grip strength on left is more than on right. The treatment plan for the date of service 2/5/15 included a request for authorization of Nalfon, Tramadol ER and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines topical patch Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 of 127.

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately not medically necessary under MTUS.

Lidopro Ointment 121 grams (4 oz): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Per the 8 C.C.R. 9792.20 & 9792.26 Page(s): 112 of 127.

Decision rationale: LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.

Protonix 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 68 of 127.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.