MAXIMUS Federal Services

Case Number:	CM15-0086552		
Date Assigned:	05/08/2015	Date of Injury:	05/14/2012
Decision Date:	06/16/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/05/2015

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 45 year old female with an industrial injury dated 05/14/2012 resulting in left wrist pain radiating up her left upper extremity to the shoulder and neck. Her diagnoses included DeQuervains right and left, right and left carpal tunnel status post right release, right and left external and internal epicondylitis, cervical radiculitis, depression and chronic pain. Prior treatment included, diagnostics, carpal tunnel surgery, home exercise program, TENS unit, physical therapy, acupuncture, paraffin bath and psychiatric treatment. She presents on 03/13/2015 with complaints of pain in right wrist with swelling and weakness. She also complains of left wrist pain with weakness. Physical exam revealed decreased range of motion of right and left wrist. Right wrist was positive for swelling of radial, dorsal and tenar areas. Left wrist was diffusely tender. There was tenderness to the right paracervical and sub occipital areas. Treatment plan included medications, topical analgesics, nerve conduction studies, ortho consult and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: 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): 111-113.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with pain to cervical region, bilateral shoulders, elbows and wrists, rated 6-9/10. The patient is status post bilateral carpal tunnel release, date unspecified. The request is for LIDOPRO CREAM 121GM. Patient's diagnosis per Request for Authorization form dated 03/13/15 includes carpal tunnel syndrome; epicondylitis, elbow lateral; strain/shoulder unspecified site; and medial epicondylitis. Treatment to date has included imaging and electrodiagnostic studies, home exercise program, TENS unit, physical therapy, acupuncture, paraffin bath and psychiatric treatment. Patient's medications include Diclofenac, Omeprazole, Gabapentin, Cyclobenzaprine, Mirtazapine, Docusate Sodium and Lidopro Cream. The patient is temporarily totally disabled, per work status report dated 03/13/15. Treatment reports were provided from 01/03/14-03/13/15. 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." Treater has not provided medical rationale for the request, nor indicated what part of the body would be treated. Nonetheless, MTUS page 111 states that if one of the compounded topical drugs 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 according to MTUS. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.