

Case Number:	CM15-0088807		
Date Assigned:	05/13/2015	Date of Injury:	04/21/2009
Decision Date:	06/12/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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: North Carolina
 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 46 year old female patient who sustained an industrial injury on 04/21/2009. The accident is described as while working regular duties at a pet store she was bitten on the left hand while bathing the dog. She reported acute onset of hand pain. She was treated, evaluated and released having been given a Tetanus injection, antibiotics, radiography study and bandaged. She subsequently underwent surgical repair in 12/2009 followed by post-operative course of therapy. A recent primary treating office visit dated 04/20/2015 reported the patient with subjective complaint of left upper extremity pain and left elbow pain. The pain is characterized as burning and radiates to the neck, bilateral shoulders, left arm, left forearm, and left hand. She states the medications do help with the pain. She does report the pain having increased since the last visit. Of note, she was authorized to start occupational therapy on 04/23/2015. Current medications are: Norco 10/325mg, Lunesta, and Diclofenac. She is allergic to Ciprofloxacin, Duloxetine, and Erythromycin base, Gabapentin, Ketorolac, Morphine, and Pregabalin. The patient has undergone failed ganglion blocks times three, and states she feels the pain is spreading to other limbs. She is diagnosed with pain in joint of upper arm, reflex sympathetic dystrophy of upper limb, posttraumatic stress disorder, depressive disorder, and anxiety. She was prescribed: Norco, Lunesta, and Diclofenac. The plan of care noted the patient beginning occupational therapy, returning to a modified work duty, and following up in 4 weeks. On 11/20/2014 the patient underwent an initial pain management evaluation which reported chief complaint of left elbow pains. She is found with RSD of the right elbow. She has continued subjective complaint of severe left elbow pain that is constant. The pain radiates throughout the

left upper extremity. The pain stops her from working. Medical treatment to date included: surgery, nerve block injections, physical therapy, exercise, transcutaneous nerve stimulator unit, ice and biofeedback, psychotherapy, heat treatments, and the following trials of medications: Vicodin, ASA, Motrin, Naprosyn, Lodine, Relafen, Celebrex, Toradol, Valium, Flexeril, Neurontin, Klonopin, Imitrex, and Lyrica. Current medications consist of: Norco, and Motrin. The impression noted the patient with complex regional pain syndrome CRPS type 2 left upper extremity; posttraumatic stress disorder; reactive depression/anxiety, and sleep disturbance. The plan of care noted recommendation the patient undergo radiographic study of the left wrist and elbow; undergo a bone scan, and electric nerve conduction study of upper extremity. In addition, the doctor suggests acupuncture session treating the right elbow; undergo a onetime psychological evaluation; prescribed both Norco and a topical analgesia. She will remain on modified work duties and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% ointment 4-27. 5-0. 0325, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Lidocaine Indication Page(s): 112.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.