

<b>Case Number:</b>	CM15-0233288		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	08/21/2009
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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, Illinois

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 61 year old female who sustained an industrial injury on August 21, 2009. The patient had been previously deemed as permanent and stationary. The worker is being treated for: bilateral CTS status post right release with residual pain in left hand possibly from scarring. Subjective: May 29, 2015 reported complaint of wrist pain. Objective: May 29, 2015 noted the patient having both nociceptive and neuropathic pains and would benefit from topical agent analgesia. Medication: not taking any medication. Previous medications included: Ibuprofen, Effexor, and Norco. September 2015: prescribed Norco. July, and August 2015 dispensed Norco. On October 27, 2015 a request was made for compound topical medication containing LidoPro #2 that was non-certified by Utilization Review on November 04, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical medication x1 LidoPro 4%-27.5%-0.0325% topical ointment, 1 as directed PRN for 30 days, dispense 2 tube: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The injured worker sustained a work related injury on August 21, 2009. The medical records provided indicate the diagnosis of bilateral CTS status post right release with residual pain in left hand possibly from scarring. Treatments have included previous medications included: Ibuprofen, Effexor, and Norco. Lidopro is topical analgesic containing Capsaicin, Lidocaine, Menthol, and Salicylate. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not recommended, and so also is any formulation of Lidocaine besides 5 % Lidocaine as Lidoderm patch. The requested treatment with Topical medication x1 LidoPro 4%-27.5%-0.0325% topical ointment, 1 as directed PRN for 30 days, dispense 2 tube is not medically necessary and appropriate.

**Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations regarding referrals.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The injured worker sustained a work related injury on August 21, 2009. The medical records provided indicate the diagnosis of bilateral CTS status post right release with residual pain in left hand possibly from scarring. Treatments have included previous medications included: Ibuprofen, Effexor, and Norco. The medical records reveal that the injured worker had surgical release of the right carpal tunnel syndrome, but recently the carpal tunnel syndrome appeared to be getting worse (left more than the right). However, there was an information gap between 09/2014 and 05/2015. It is not possible to determine what transpired or the forms of treatment the injured worker had during the stated period. Furthermore, the history and physical examination did not specify the exact regions of the upper limbs that were being referred to. The MTUS does not recommend surgical referral for wrist and hand conditions except if the following exist: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Also, the MTUS states that surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. Furthermore, the MTUS recommends that decisions on treatments and tests be based on the information from thorough history and physical examinations. The medical records provided for review reveals that Consultation is not medically necessary and appropriate due to inadequate information.