

Case Number:	CM15-0239398		
Date Assigned:	12/16/2015	Date of Injury:	03/06/2015
Decision Date:	01/22/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/08/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 43 year old woman sustained an industrial injury on 3-6-2015. Diagnoses include status post right thumb gamekeepers repair. Treatment has included oral medications, bracing, and physical therapy. Physician notes on a PR-2 dated 11-12-2015 show complaints of pain and stiffness with gripping and in thumb. The physical examination shows right thumb and little finger pain, trigger finger, and weakness to the right hand. Recommendations include injection therapy to right trigger finger, continue therapy, compound topical NSAID medications, and follow up in six weeks. Utilization Review denied a request for Levofloxacin topical cream on 11-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levofloxacin 4%, Mupirocin 4%, Lidocaine 5%, Phenytoin 5%, Itraconazole 1%, apply 1gm to the right arm 3 times per day, #240gms: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS states regarding lidocaine, Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). MTUS indicates lidocaine Non-neuropathic pain: Not recommended. The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Medical documents do not document the patient as having post-herpetic neuralgia. Lidocaine is being requested as part of a combination topical product, not as a patch. As such, the request for Levofloxacin 4%, Mupirocin 4%, Lidocaine 5%, Phenytoin 5%, Itraconazole 1%, apply 1gm to the right arm 3 times per day, #240gms is not medically necessary.