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| Case Number: | CM14-0112629 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 12/20/2012 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old male who reported a date of injury of 12/20/2012. The mechanism of injury was reported as a fall. The injured worker had diagnoses of thoracic spine pain, cervicgia, hand joint pain, shoulder joint pain, depression, and sleep issues. Prior treatments included physical therapy, use of a TENS unit, and home exercise program. Diagnostic tests were not included within the medical records provided. Surgeries included an unspecified surgery of the right hand on 07/25/2013. The injured worker had complaints of back pain with radiation to his right leg. The clinical note dated 06/10/2014 noted the injured worker had reduced range of motion of the first digit of the right hand, minor edema MP joint first digit of the right hand, tenderness to palpation of the cervical and lumbar spine with hypertonicity, reduced grip strength of the right hand, and reduced sensation of the right upper extremity and right lower extremity. Medications included naproxen and omeprazole. The treatment plan included the physician's recommendation for the injured worker to continue with medications, continue with self-care, home exercise program, and TENS unit. The rationale was not indicated within the medical records provided. The Request for Authorization form was received on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Ointment DOS 6/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for LidoPro Ointment DOS 6/10/14 is not medically necessary. The injured worker had complaints of back pain with radiation to his right leg. The California MTUS Guidelines indicate primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, also indicated for osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Recommended for short term use of 4 to 12 weeks. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch, 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. The guidelines indicate topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed, as well as the use for osteoarthritis and tendonitis, particular that of the knee and elbow or other joints that are amenable to topical treatment. However, the injured worker had complaints of back pain, for which topical analgesics are not indicated. There is a lack of documentation that the injured worker has failed trials of antidepressants and anticonvulsants, as well as lack of documentation the injured worker has osteoarthritis or tendonitis. Furthermore, the request is for LidoPro ointment. The guidelines indicate lidocaine in the use of a patch only. Additionally, the request as submitted did not specify a frequency of the medication's use or a site of application of the medication. As such, the request is not medically necessary.