

Case Number:	CM14-0120371		
Date Assigned:	09/24/2014	Date of Injury:	10/23/2007
Decision Date:	10/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family Practice and is licensed to practice in California. 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 65-year-old female claimant sustained a work injury on 10/23/07 involving the left upper extremity. She was diagnosed with tendonitis of the left index finger, carpal tunnel syndrome and an MRI confirmed ganglion of the extensors. She had undergone carpal tunnel release and volar sheath surgery on 2009. A progress note on 6/20/14 indicated the claimant had left wrist and hand pain. She had been using topical LidoPro cream which provided temporary pain reduction by 40%. The cream had allowed her to increase her activities. Exam findings were notable for a positive Tinel's sign, tenderness in the flexor tendons and triggering of the index and long fingers. A request was made for continuation of the LidoPro topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. The LidoPro in this case, contains Lidocaine. Long-term use is not indicated nor supported by the guidelines. The claimant did not have the above neuropathy due to diabetes or herpes infection. Therefore, the request for LidoPro is not medically necessary and appropriate.