MAXIMUS Federal Services

Case Number:	CM14-0148618		
Date Assigned:	09/18/2014	Date of Injury:	09/25/2000
Decision Date:	10/16/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a case of a 47-year-old male who has filed a claim for Dupuytren's Contracture, Right hand and s/p Trigger Finger Release Neuropathy, associated with an injury date of 09/25/2000. Medical records from 2013 to August 2014 were reviewed which showed chronic right hand and right wrist pain. Physical examination from latest progress notes dated 08/06/2014 noted atrophy of right forearm, decrease grip of right hand, and contraction of the 4th and 5th digits. Treatment to date has included Gabapentin 300mg. Utilization review dated 08/30/2014 denied the request for Lidocaine 5% ointment 106.32 grams because guidelines do not support use of topical forms of lidocaine other than lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment 106.32gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Topical).

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

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized

controlled trials to determine safety or efficacy. Guidelines also state that no other commercially approved topical formulations of lidocaine, other than lidocaine dermal patch, are approved for neuropathic pain. In this case, the patient has been complaining of right hand and right wrist pain, however, there was no documentation of any neuropathic pain based on the physical examination findings. The clinical indication for the use of lidocaine ointment was not clearly established. Moreover, topical formulations of lidocaine (whether lotions, creams, or gels) are not indicated for neuropathic and non-neuropathic pain complaints. Therefore, the request for Lidocaine 5% Ointment 106.32 grams, is not medically necessary.