

Case Number:	CM15-0009262		
Date Assigned:	01/27/2015	Date of Injury:	11/07/2007
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female with a date of injury as 11/07/2007. The current diagnosis includes ulnar impaction of the left wrist . Previous treatments include oral and topical medications, and thumb/wrist brace. Primary treating physician's reports dated 01/10/2014 through 12/18/2014 and a urine drug screen were included in the documentation submitted for review. Report dated 12/18/2014 noted that the injured worker presented with complaints that included left wrist pain, pain in the base of the thumb. Physical examination revealed tenderness along the wrist, base of thumb, carpometacarpal, first extensor and scaphotrapezotrapezoidal joint. Treatment plan included LidoPro lotion, Terocin patches, and a thumb strap. The injured worker is working full-time. The utilization review performed on 01/05/2015 non-certified a prescription for LidoPro lotion based on medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Lotion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medication Compound Drugs

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

Decision rationale: The patient presents with pain in the base of the left thumb and wrist. The request is for LIDOPRO LOTION. Physical examination to the left wrist on 12/18/14 revealed tenderness to palpation along the wrist and the base of the thumb. Patient's diagnosis include ulnar impaction of the wrist on the left, per 12/18/14 progress report. Per 09/18/14 progress report, patient's medications include LidoPro lotion and Terocin Patches. Patient has been prescribed LidoPro lotion from 01/10/14 and 12/18/14. Patient is working full duty. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "any compounded product that contains at least 1 (or a drug class) that is not recommended is not recommended." Patient has been prescribed LidoPro lotion from 01/10/14 and 12/18/14. In 09/18/14 progress report, treater states that the patient has benefited from using LidoPro lotion and Terocin patches for pain reduction and both medications are helpful to use during work hours. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore the request is not medically necessary.