

Case Number:	CM15-0016022		
Date Assigned:	02/05/2015	Date of Injury:	08/19/2014
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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:

The injured worker is a 34 year old female, who sustained an industrial injury on August 19, 2014. She has reported wrist and hand pain. The diagnoses have included carpal tunnel syndrome, trigger finger, and tenosynovitis of the wrist or hand. Electromyography was done, which confirmed carpal tunnel syndrome. The injured worker underwent a right carpal tunnel release on October 20, 2014. Treatment to date has included work modifications, postsurgical physical therapy, x-rays, steroid injection, and anti-epilepsy and non-steroidal anti-inflammatory medications. On January 14, 2015, the treating physician noted severe, continued pain and swelling of the right hand, despite a steroid injection of the long finger. There was intermittent locking of the long finger and thumb, and pain with movement of all of her fingers. The pain radiated to the volar aspect of the forearm to shoulder. In addition, there was intermittent hand swelling with temperature and skin color changes. The physical exam revealed the right hand was all fingers clawed with diffuse tenderness to palpation of the right hand and all fingers, and semi-flexed position of all fingers. She able to extend with difficulty the metacarpophalangeal, proximal interphalangeal and distal interphalangeal joints due to pain. There was decreased sensation to light touch of the right cervical 5-8. The treatment plan included a hand orthopedic consultation to rule out complex regional pain syndrome and to help ascertain a definitive diagnosis, stop the anti-epilepsy medication, and start topical analgesic medication. On January 28, 2015, the injured worker submitted an application for IMR for review of request for a hand orthopedic consultation and a prescription for Lidorpo cream 121gm. The hand orthopedic consultation was non-certified based on the patient should exhaust treatment with the treating

provider before considering specialist intervention. The Lidopro cream was non-certified based on use of the Capsaicin component requires documentation of no patient response or intolerance to other treatments, and the Lidocaine component requires evidence of a trail of first-line therapy such as an antidepressant or an anti-epilepsy drug. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand ortho consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): ch 7 127.

Decision rationale: Per ACOEM guidelines, consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This patient had ongoing pain issues despite multiple interventions. The patient was noted to have neurologic signs and symptoms. This consult would be medically indicated.

Lidopro cream 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 112,111.

Decision rationale: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance

over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) Per MTUS, this formulation of lidocaine would not be indicated.