

Case Number:	CM15-0112392		
Date Assigned:	06/18/2015	Date of Injury:	09/25/2007
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/11/2015

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, Hawaii
 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 36 year old female who sustained an industrial injury on 09/25/2007. Current diagnoses include reflex sympathetic dystrophy of upper limb, carpal tunnel syndrome, ulnar nerve lesion, and depressive disorder. Previous treatments included medication management, ice/heat, and home exercise. Report dated 05/21/2015 noted that the injured worker presented with complaints that included neck pain with radiation to the right shoulder. Pain level was 2 out of 10 on a visual analog scale (VAS). Current medication regimen includes Norco, topiramate, Senna, cyclobenzaprine, omeprazole, Terocin patches, Lexapro, and Wellbutrin. Physical examination was positive for restricted range of motion in the cervical spine, restricted movement in the shoulders due to pain, bilateral elbow tenderness, Phalen's sign, Tinel's sign, and carpal compression test are all positive in the bilateral wrists, and decreased strength and sensation. The treatment plan included a prescription for Lidopro ointment, refilled Norco, topiramate, Senna, and Terocin patches, injured worker is to start massage therapy, authorization for psychological consultation has been approved, continue ice, heat, exercise, and medications, medications were dispensed, and follow up in 4 weeks. Disputed treatments include Lidopro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4.5% Ointment QTY: 1: 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 Analgesicis Page(s): 111-113.

Decision rationale: The patient presents with diagnoses that include reflex sympathetic dystrophy or upper limb, carpal tunnel syndrome, ulnar nerve lesion and depressive disorder. The patient currently complains of neck pain with radiation to the right shoulder. The patient currently presents with restricted range of motion in the cervical spine, restricted movement in the shoulder due to pain, bilateral elbow tenderness, Phalen's sign, Tinel's sign and carpal compression test are all positive in the bilateral wrists. The current request is for Lidopro 4.5% Ointment QTY: 1. The treating physician states in his 5/21/15 (44B) treating report under the prescription heading, Lidopro 4.5% Ointment 4.5%-27.5% - 0.0325 %-10% SIG: Apply to affected areas twice a day QTY: 1.00. Lidopro Ointment is a combination of capsaicin, lidocaine, menthol and methyl salicylate. MTUS guidelines do recommend topical analgesics. MTUS states: these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). Based upon the clinical history this request appears to be the first attempt to treat the patient with a Lidopro Ointment. However, MTUS guidelines allow only a patch formulation for lidocaine and it is not allowed in lotion, gel or cream formulation. In this case, the requested medication includes lidocaine and is an ointment-based treatment. The current request is not medically necessary.