

Case Number:	CM15-0120343		
Date Assigned:	06/30/2015	Date of Injury:	08/01/2014
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old woman sustained an industrial injury on 8/1/2014 due to cumulative trauma. Diagnoses include hand pain, bilateral carpal tunnel syndrome, cumulative trauma to the bilateral hands and wrists, and myofascial pain. Treatment has included oral and topical medications, TENS unit, occupational therapy, acupuncture, and home exercise program. Physician notes dated 2/9/2015 show complaints of chronic pain in the bilateral wrist and right elbow with numbness and tingling in the bilateral hands. Recommendations include LidoPro, send bilateral hand MRI report, cortisone injection to the bilateral wrists, occupational therapy, acupuncture when occupational therapy is completed, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant has a cumulative trauma injury with date of injury in August 2014. She continues to be treated for chronic right elbow and bilateral wrist pain. When seen, oral medications were contraindicated due to pregnancy. She had forearm and wrist tenderness with positive Tinel's testing. There was right olecranon tenderness. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. There was other topical medications available for this claimant's condition. LidoPro was not medically necessary.