

Case Number:	CM15-0121468		
Date Assigned:	07/01/2015	Date of Injury:	07/16/2013
Decision Date:	08/24/2015	UR Denial Date:	05/29/2015
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: 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 40-year-old female, who sustained an industrial injury on 7/16/13. She reported bilateral wrists, bilateral hands, and bilateral feet. The injured worker was diagnosed as having left carpal strain/strain, left wrist dysfunction, left wrist injury, left wrist internal derangement, and left wrist sprain/strain. Treatment to date has included approximately 36 sessions of physical therapy, psychiatric counseling sessions, topical medication, and oral medication including Tramadol. On 2/23/15 physical examination findings, included left hand/wrist was locally tender with limited and painful range of motion. Tenderness to palpation of the dorsal wrist was also noted. Pain on 4/13/15 was 8/10. Currently, the injured worker complains of pain in bilateral hands and wrists. The treating physician requested authorization for Xolido 2% cream, Capsaicin 0.025%, Terocin patches #20, and Methoderm gel #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido 2% cream: 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 analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 07/16/13 and presents with left wrist pain which radiates to the left shoulder. The request is for XOLIDO 2% CREAM. The RFA is dated 05/15/15 and the patient is not currently working. The report with the request is not provided. Xolido is Lidocaine hydrochloride. The MTUS has the following regarding topical creams (p111, chronic pain section): 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. Regarding Capsaicin, the Guidelines state "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain," Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis). She has numbness/tingling in her left hand, stiffness to her left hand/fingers, cramping/weakness in her left hand, a limited left wrist range of motion, and tenderness to palpation over the carpal segments. The patient is diagnosed with left wrist sprain/strain; status post left wrist surgery, anxiety, and depression. The treater does not explain why this cream was chosen over other creams, lotions and topical preparations. MTUS guidelines, however, do not allow for the use of "any other topical formulations of lidocaine" other than the patch. Therefore, this compounded topical formulation is not medically necessary.

Capsaicin 0.025%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Capsaicin, topical Page(s): 111-113, 29.

Decision rationale: The patient was injured on 07/16/13 and presents with left wrist pain which radiates to the left shoulder. The request is for capsaicin 0.025%. The RFA is dated 05/15/15 and the patient is not currently working. The report with the request is not provided. MTUS guidelines, page 111, also has the following regarding topical creams, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS, page 29, Capsaicin, topical, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." She has numbness/tingling in her left hand, stiffness to her left hand/fingers, cramping/weakness in her left hand, a limited left wrist range of motion, and tenderness to palpation over the carpal segments. The patient is diagnosed with left

wrist sprain/strain; status post left wrist surgery, anxiety, and depression. The reason for the request is not provided. The patient does not present with osteoarthritis as indicated by MTUS guidelines for capsaicin. Therefore, the requested capsaicin 0.025% is not medically necessary.

Terocin patch quantity: 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches.

Decision rationale: The patient was injured on 07/16/13 and presents with left wrist pain which radiates to the left shoulder. The request is for terocin patch quantity 20. The RFA is dated 05/15/15 and the patient is not currently working. The report with the request is not provided. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. MTUS Guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line treatment (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "lidocaine indicates: Neuropathic pain. Recommended for localized peripheral pain." In reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use, and outcome documented for function and pain. She has numbness/tingling in her left hand, stiffness to her left hand/fingers, cramping/weakness in her left hand, a limited left wrist range of motion, and tenderness to palpation over the carpal segments. The patient is diagnosed with left wrist sprain/strain; status post left wrist surgery, anxiety, and depression. The reason for the request is not provided. In this case, the patient does not present with peripheral localized neuropathic pain as indicated by MTUS Guidelines. Therefore, the requested Terocin patch is not medically necessary.

Menthoderm gel quantity: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105-111.

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

Decision rationale: The patient was injured on 07/16/13 and presents with left wrist pain which radiates to the left shoulder. The request is for Menthoderm gel quantity 240. The RFA is dated 05/15/15 and the patient is not currently working. The report with the request is not provided. Menthoderm gel contains methyl salicylate 15% and menthol 10%. Topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "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). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." She has numbness/tingling in her left hand, stiffness to her left hand/fingers, cramping/weakness in her left hand, a limited left wrist range of motion, and tenderness to palpation over the carpal segments. The patient is diagnosed with left wrist sprain/strain; status post left wrist surgery, anxiety, and depression. The reason for the request is not provided. There are no diagnoses of peripheral joint arthritis, tendinitis, or osteoarthritis for which topical NSAIDs are indicated. Therefore, the requested Mentherm gel is not medically necessary.