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| <b>Case Number:</b>   | CM15-0122617 |                              |            |
| <b>Date Assigned:</b> | 07/02/2015   | <b>Date of Injury:</b>       | 09/13/2010 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 06/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2015 |

### 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:

The injured worker is a 58 year old female who sustained an industrial injury on 9/13/10. Diagnoses are Osteoarthritis, hand -bilateral thumb carpometacarpal joint. In a progress report dated 6/16/15, a treating physician notes she is 6 weeks post surgery for a right thumb carpometacarpal interpositional arthroplasty, synovectomy, and debridement. She continues with physical therapy and wearing a splint day and night. Complaints are of residual stiffness and reduced flexion of the wrist. Wrist exam notes dorsiflexion and palmar flexion of 45 degrees. There is slight residual carpometacarpal joint tenderness. Current medication is Norco 10/325 mg, 1-2 tablets every 4 hours. She remains stiff and weak. The treatment plan is to continue the therapy program twice a week for 6 weeks. She is currently off work, pending completion of therapy. The requested treatment is hand therapy 2 times a week for 6 weeks and Lidopro 4%/27.5% /0.0325% topical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy 2x6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Arthroplasty/fusion, wrist/finger Page(s): 19.

**Decision rationale:** The claimant sustained a work injury in September 2010 and underwent right thumb arthroplasty for CMC osteoarthritis on 04/28/15. The claimant is right hand dominant. When seen, she was six weeks status post surgery. She was wearing a splint. She had residual stiffness and decreased wrist flexion. She was anticipating in therapy two times per week. Physical examination findings included decreased wrist range of motion with thumb tenderness. Norco and LidoPro were prescribed. An additional 12 therapy sessions was recommended for range of motion and strengthening. The claimant has a history of a gastric bypass and is unable to take oral non-steroidal anti-inflammatory medication. Guidelines recommend up to 24 visits over 8 weeks after arthroplasty of the thumb. In this case, the claimant is status post arthroplasty of her dominant right thumb. The number of additional treatments being requested is within the guideline recommendation and is medically necessary.

**Lidopro 4% 27.5% 0.0325% topical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant sustained a work injury in September 2010 and underwent right thumb arthroplasty for CMC osteoarthritis on 04/28/15. The claimant is right hand dominant. When seen, she was six weeks status post surgery. She was wearing a splint. She had residual stiffness and decreased wrist flexion. She was anticipating in therapy two times per week. Physical examination findings included decreased wrist range of motion with thumb tenderness. Norco and LidoPro were prescribed. An additional 12 therapy sessions was recommended for range of motion and strengthening. The claimant has a history of a gastric bypass and is unable to take oral non-steroidal anti-inflammatory medication. 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, however, 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. Therefore, LidoPro was not medically necessary.

