

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0174760 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 06/17/2012 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/20/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

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 51 year old female, who sustained an industrial injury on 6-17-2012. The injured worker was diagnosed as having status post left posterior interosseous nerve release 12-2014, left hand weakness, status post carpal tunnel release bilaterally-left carpal tunnel syndrome recurrent, possible left ulnar neuropathy-de Quervain's, chronic pain syndrome, and left upper limb trauma, left fifth trigger finger. Treatment to date has included diagnostics, surgical intervention, and medications. Currently (8-07-2015), the injured worker complains of pain level 6 out of 10. She presented for a transcutaneous electrical nerve stimulation unit trial and left upper extremity pain was 4 out of 10 post treatment. She continued to take Gabapentin and "notes improvement". It was documented that Lidoderm patches were "helpful" but denied. She was dropping objects in her left hand and has had local injections in the past with minimal improvement. Objective findings noted mild swelling to the left hand, tenderness to palpation over the fifth metatarsal palmar side, "functional" range of motion, and positive Finkelstein's test. Her work status remained modified. She was pending electromyogram and nerve conduction studies of the upper extremities. The PR2 (5-26-2015) noted the discontinuance of Pamelor due to a rash, with request for Lidoderm for neuropathy. She was dispensed a transcutaneous electrical nerve stimulation unit and Lidopro topical ointment on 8-07-2015, non-certified by Utilization Review on 8-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro topical ointment 4oz, 121gm, #1 dispensed on 08/07/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The current request is for Retrospective Lidopro Topical Ointment 4oz, 121gm, #1 Dispensed on 08/07/2015. Treatment to date has included diagnostics, injections, left posterior interosseous nerve release 12-2014, physical therapy and medications. The patient remains on modified duty. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: 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." Per report 08/07/15, the patient presents with left hand pain. The patient reported dropping objects in her left hand. Objective findings noted mild swelling to the left hand, tenderness to palpation over the fifth metatarsal palmar side, and positive Finkelstein's test. The patient was utilizing Lidoderm patches with efficacy; however, Lidoderm patches have been denied. The treater recommended LidoPro Topical. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical contains Lidocaine, which is not supported for topical use in lotion/gel/cream form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.