MAXIMUS Federal Services

Case Number:	CM15-0178624		
Date Assigned:	09/18/2015	Date of Injury:	04/13/2010
Decision Date:	10/29/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 29 year old male, who sustained an industrial injury on 4-13-10. Medical record indicated the injured worker is undergoing treatment for chronic right ulnar neuritis, status post ulnar nerve neuroma excision and associated right proximal myofascial pain. Treatment to date has included oral medications including Norco 5-325mg and Valium 5mg; topical Butrans patch and activity modifications. On 6-25-15, he reported a severely red and swollen hand following a bite by a black widow spider the previous day and he complains of excruciating pain following the anti-venom. Currently on 8-5-15, the injured worker reports intractable right elbow pain with radiation in ulnar nerve distribution which was recently aggravated by a black widow spider bite. Physical exam on 5-13-15 revealed a well-healed right medial elbow incision with generalized elbow medial tenderness, allodynia and weakness in the upper extremity. Physical exam on 8-5-15 revealed medial elbow incision with surrounding allodynia and tenderness to light palpation in right median antebrachial cutaneous nerve distribution with focal areas of focal heightened allodynia. The treatment plan on 8-5-15 included a request for Compound Topical anesthetic: Lidocaine, Prilocaine, and Topamax, renewal of Butrans patch 20mcg - per week, updated ultrasound exam of right knee and elbow and request for spinal cord stimulation has been previously denied. On 8-26-15, utilization review non-certified a request for Compound Topical anesthetic: Lidocaine, Prilocaine, and Topamax noting guidelines does not recommend any of the medications in the compound. The medication list includes Norco, Valium and Butran Patch. The patient's surgical history includes right revisional CTR, and left CTR. A recent urine drug screen report was not specified in the records provided. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical anesthetic: Lidocaine, Prilocaine, and Topamax: 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: Compound Topical anesthetic: Lidocaine, Prilocaine, and Topamax. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed 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). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. Evidence of failure of trials of oral anti-depressants and anti-convulsants was not specified in the records specified. There is no objective consistent evidence of the presence of neuropathic pain in this patient Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. The medical necessity of Compound Topical anesthetic: Lidocaine, Prilocaine, and Topamax is not fully established in this patient, therefore is not medically necessary.