

<b>Case Number:</b>	CM15-0065374		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 47 year old male, who sustained an industrial injury on 3/24/2010. Diagnoses include carpal tunnel syndrome (right), encounter for long term use of other medications, localized secondary osteoarthritis of upper arm (right) and pain in joint of upper arm. Treatment to date has included surgical intervention (right carpal tunnel release, undated), medications, injections, acupuncture and modified work. Per the Primary Treating Physician's Progress Report dated 1/19/2015, the injured worker reported 2-8/10 pain and no side effects from medications are noted. Physical examination is documented as "in no acute distress." "No formal examination done today." Per the Comprehensive Hand Surgery Consultation dated 1/27/2015 objective findings included tenderness over the radial tunnel region and mild tenderness over the lateral and medial epicondyle region. There was maximal tenderness over the radial tunnel aggravated by forced extension of the wrist or fingers. The plan of care included medications and authorization was requested for Lidocaine/Prilocaine cream 30gm tube.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine / Prilocaine cream 30gm tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 11-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. MTUS guidelines noted that lidocaine cream, lotion or gel (except for lidocaine patch) is not indicated for neuropathic pain. Therefore, the request for Lidocaine / Prilocaine cream 30gm tube is not medically necessary.