

Case Number:	CM15-0067561		
Date Assigned:	04/15/2015	Date of Injury:	05/27/2011
Decision Date:	06/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/09/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 male with an industrial injury dated May 27, 2011. The injured worker diagnoses include ulnar nerve lesion compression at the wrist, late effect of crushing, alterations of sensations, and acquired trigger finger left 4th digit versus thickening of palmar fascia. He has been treated with, prescribed oral medications, acupuncture, home exercise therapy and periodic follow up visits. According to the progress note dated 2/16/2015, the injured worker reported left hand pain. Left hand examination revealed nodules over the metacarpophalangeal joint of ring finger and tenderness to palpitation over the metacarpophalangeal joint of ring finger. The treating physician prescribed Lidocaine 5 % topical ointment. The medications listed are Colchicine, Allopurinol and Lidocaine 5% topical. The Injured Worker did not tolerate treatment with oral NSAIDs and opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine (5 Percent Topical, apply to affected area every 6 hours PRN Pain #1 Tube):
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for patients who have failed or cannot tolerate oral pain medications. The records indicate that the patient had subjective and objective findings consistent with a diagnosis of localized neuropathic pain. The patient could not tolerate treatment with oral NSAIDs and opioid medications. The criteria for the use of topical Lidocaine 5% ointment apply 6 hrly PRN 1 tube was met and is medically necessary.