

Case Number:	CM15-0074878		
Date Assigned:	04/24/2015	Date of Injury:	07/17/2014
Decision Date:	05/29/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 45 year old female with an industrial injury dated July 17, 2014. The injured worker's diagnoses include wrist joint pain, hand joint pain and carpal tunnel syndrome. Treatment consisted of diagnostic studies, prescribed medications, one session of physical therapy, acupuncture and periodic follow up visits. In a progress note dated 4/02/2015, the injured worker reported inability to return to work due to right upper extremity pain. The injured worker underwent an ulnar nerve decompression surgery on 3/2/2015. The injured worker currently rates her pain a 6/10. Objective findings revealed ace bandage over right elbow and forearm, slight swelling and tenderness throughout right upper extremity, and slight numbness in right fourth and fifth digits. The treating physician prescribed Lidocaine Cream 4% for flare-up of neuropathic pain now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Cream 4%, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112 of 127.

Decision rationale: Regarding request for topical lidocaine cream, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel is indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations, which are not in patch form. As such, the currently requested Lidocaine cream is not medically necessary.