

Case Number:	CM15-0077459		
Date Assigned:	05/05/2015	Date of Injury:	06/13/2014
Decision Date:	06/03/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/22/2015

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, Alabama, 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 42 year old female, who sustained an industrial injury on 6/13/2014. She reported injury from washing and drying cars. The injured worker was diagnosed as having carpal tunnel syndrome, neuropathic pain and pain in the wrist/hand. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 3/10/2015, the injured worker complains of right sided digit pain and numbness. The treating physician is requesting Lidocaine ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine OIN 5%, Day Supply: 10, QTY: 35.44 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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. Lidocaine is not recommended by MTUS guidelines as a topical analgesic for pain management. There is no documentation of pain and functional improvement with previous use of Lidocaine. Based on the above Lidocaine OIN 5%, Day Supply: 10, QTY: 35.44 with 2 refills are not medically necessary.