

Case Number:	CM15-0077745		
Date Assigned:	04/29/2015	Date of Injury:	03/13/2014
Decision Date:	05/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 27 year old male who sustained an industrial injury on March 13, 2014. He reported a partial amputation of his right index finger. The injured worker was diagnosed as having amputation of right finger, status post right finger amputation, status post-surgical right index finger, neuroma right finger, major depression, and anxiety disorder. Diagnostics to date has included x-rays. Diagnostic studies were not included in the provided medical records. Treatment to date has included work modifications, cognitive behavior therapy, acupuncture, physical therapy, a home exercise program, a functional capacity evaluation (FCE), and medications including pain, anti-epilepsy, antibiotics, and topical pain medications. On March 10, 2015, the injured worker complains of increased sensitivity to touch of the right index finger. He complains constant right index finger pressure-like pain with numbness, tingling, and weakness that is worse with cold weather and activity such as gripping or grasping. The pain radiates to the right elbow with "pain in the bones" and occasionally to the right thumb and right 2nd finger with pressure. Pain medication and ice are helpful in controlling his pain. He has started weekly cognitive behavior therapy due to poor coping with the loss of his finger. The physical exam was unchanged. The treatment plan includes topical compound medication. He is currently laid off from work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gm 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

Decision rationale: Guidelines state that topical lidocaine may be appropriate for treatment of peripheral neuropathic pain after there is failure of a first line agent such as gabapentin and failure of first line tricyclic antidepressant. In this case, gabapentin has been tried but there is no documentation of failure of a first line tricyclic antidepressant. There is no evidence supporting the use of capsaicin for any of this patient's conditions. When one component of a product is not recommended, the compound is not recommended. The request for Lidopro 121 gm 4 oz is not medically necessary and appropriate.