

Case Number:	CM15-0097324		
Date Assigned:	05/28/2015	Date of Injury:	08/20/2014
Decision Date:	07/01/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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: 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 43 year old female, who sustained an industrial injury on 8/20/14. The diagnoses have included bilateral wrist pain, pain in the joint involving the hand and carpal tunnel syndrome. Treatment to date has included physical therapy, acupuncture, manual therapy, therapeutic exercise and infrared. Currently, as per the physician progress note dated 10/24/14, which is the only note submitted with the records, the injured worker complains of pain in both hands and wrists. There is more pain in the right wrist and up to the right forearm, right shoulder and trapezius muscle. The injured worker has been working modified duty. She has had physical therapy 6 sessions and states that she feels better. The pain is located on the ulnar aspect of both wrists. The pain is described as moderate and intermittent. The objective findings reveal that there is tenderness in the trapezius muscle, right upper arm, forearm, and both wrists. Palpation is positive for tenderness on the ulnar/volar aspect of both wrists and the medial aspect of the right forearm. The injured worker is to return in one week. The physician requested treatment included Lidopro x 2 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. There 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. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. In addition, in this case, there is no supporting evidence of objective functional improvement to support continued use of LidoPro cream. Based on the above Lido Pro is not medically necessary.