

<b>Case Number:</b>	CM13-0043519		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55-year-old injured worker who reported an injury on 03/01/2009. The patient is currently diagnosed with left shoulder impingement syndrome and bicipital tendonitis with AC joint inflammation. The patient was seen by [REDACTED] on 12/05/2013. The patient reported 5/10 pain. Physical examination revealed 160 degree right upper extremity abduction, and 100 degree left upper extremity abduction. Treatment recommendations included continuation of current medications including LidoPro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LidoPro Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of

neuropathic pain upon physical examination. There is also no indication of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Guidelines recommend Lidocaine for localized peripheral pain and neuropathic pain after a trial of SNRI or tricyclic antidepressants and/or antiepilepsy drugs. Capsaicin is indicated for osteoarthritis, fibromyalgia, and chronic nonspecific back pain. California MTUS Guidelines further state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The request for 1 LidoPro Cream is not medically necessary and appropriate.