

<b>Case Number:</b>	CM13-0062845		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/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 injured worker is a 54-year-old male who reported an injury on 05/02/2012 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 12/20/2013, the injured worker was noted to report no cervical pain or left shoulder pain. The prescribed medication regimen included naproxen as needed and omeprazole with no side effects reported. The injured worker was also noted to have attended physical therapy twice a week. The physical examination of the left shoulder revealed decreased range of motion with abduction and pain elicited in internal and external rotation. It was noted that there was tenderness to palpation to the anterior aspect of the glenohumeral joint region. The physical examination of the cervical spine revealed decreased range of motion with lateral flexion and tenderness to palpation. The diagnoses included shoulder impingement, rotator cuff syndrome, and tenosynovitis to the shoulder. The treatment plan included continuation of conservative care medications, TENS unit, exercise, and thera-cane. The request for refills of omeprazole, LidoPro, TENS patches, and a request for a trial of home cervical traction unit as recommended per neurosurgeon. The request for authorization for LidoPro topical analgesic ointment with rationale was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE LIDOPRO TOPICAL ANALGESIC OINTMENT #1, DOS: 11/8/13:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- TOPICAL ANALGESICS, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The LidoPro topical analgesic ointment contains capsaicin, lidocaine, menthol, methyl salicylate. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interaction, and no need to titrate. Lidocaine is recommended for neuropathic pain for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. LidoPro contains menthol and methyl salicylate which are not recommended in the guidelines and therefore, not recommended. In the clinical notes provided for review, there is lack of documentation of the rationale for the use of LidoPro topical analgesic ointment. There is also lack of documentation of the injured worker having neuropathic pain. The documentation noted that the injured worker reported no left shoulder pain or cervical pain. Therefore, the request for LidoPro topical analgesic ointment dispensed on 11/08/2013 is non-certified.