

<b>Case Number:</b>	CM13-0063117		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/09/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/26/2013
<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 and Illinois. 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 35-year-old female who reported an injury on 12/09/2008. The mechanism of injury was not reported in the documentation. Per the progress note dated 10/14/2013, the injured worker reported increasing pain with radiation down the left shoulder to the fingertips including numbness and tingling. On physical exam, the left extremity from the shoulder to the wrist was tender and range of motion was decreased. Per the progress note from the primary physician dated 10/31/2013, the patient reported the left elbow was causing the most pain at 7/10. Left shoulder pain was rated 6/10, and the left wrist was rated 5/10. The injured worker reported some relief due to chiropractic physiotherapy, but reported it was short lived. Left shoulder flexion was to 135 degrees and abduction to 130 degrees. The injured worker had positive tenderness over the left AC joint with palpation and positive drop arm test also on the left. The injured worker had positive impingement and bursitis at left shoulder. The injured worker had decreased sensation in the C6-7 distribution to light touch. The injured worker had 4+/5 strength in all quadrants. Left elbow range of motion is 10 degrees through 100 degrees with some pain; no instability. Swelling around the left elbow, positive Tinel's over the cubital tunnel, positive tenderness to palpation of the medial epicondyle. Left wrist has negative Finkelstein's and grind test, positive Phalen's and Tinel's, positive carpal compression test, with no signs of CRPS. Wrist range of motion was to 60 degrees extension. Electrodiagnostic studies done in 11/2012 reported left carpal tunnel syndrome. X-ray of the left shoulder done in 05/2013 showed minimal AC degenerative joint disease. MRI of the left shoulder done in 01/2011 showed negative rotator cuff tear or neuropathology, some minor tenderness in the supraspinatus tendon, and edema in the sarcoma bursa. Diagnoses for the injured worker were reported to include left shoulder subacromial bursitis, left elbow malunited radial head fracture, status post arthroscopic intervention in 2010, left wrist extensor carpi ulnaris tendinosis, left wrist carpal

tunnel, de Quervain's tenosynovitis, chronic cervical strain without radiculopathy, decreased sensation to light touch in the C6-7 distribution. Request for Authorization for medical treatment for the LidoPro topical ointment was dated 10/01/2013. The provider's rationale for the request for the LidoPro topical ointment was not provided in the documentation. Previous treatments for the injured worker included medication, surgery, chiropractic physical therapy, and a home exercise program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LIDOPRO TOPICAL OINTMENT 4OZ, #1: Upheld**

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

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

**Decision rationale:** Per California MTUS Guidelines, topical analgesics are recommended as an option; however, they 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. Topical lidocaine in the formulation of a dermal patch known as Lidoderm has been designated for orphan status by the FDA for neuropathic pain and is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine--whether creams, lotions, or gels--are indicated for neuropathic pain. There was a lack of documentation regarding neuropathic pain in the injured worker. There was a lack of documentation regarding oral medications and the efficacy of those medications for the injured worker. There was also a lack of documentation regarding antidepressants, antiepileptics, or nonsteroidal anti-inflammatory medications the injured worker had utilized prior to the request for the topical agent and the efficacy of those medications. Therefore, the request for LidoPro topical ointment 4 oz is not medically necessary.