

<b>Case Number:</b>	CM14-0003600		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/23/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Family Practice, has a subspecialty in Pain Management 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 patient is 65 year old female claimant who sustained a work injury on 10/23/07 involving the left wrist and left ankle. Diagnoses includes flexor tendonitis of the left index fingers, carpal tunnel syndrome of the left wrist and degenerative joint disease of the left foot/ankle. The claimant underwent carpal tunnel surgery in 2009. An exam report on 12/6/13 noted she has 7/10 pain in the left wrist and is working in a modified capacity. Medications include Turmeric, topical Terocin and Advil which has helped her pain and function. Objective findings were notable for reduced range of motion of the left wrist and a positive Phalen's signs. Her left ankle had reduced range of motion with tenderness in the Achilles region. Lidopro was added by the treating physician to decrease pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF LIDOPRO TOPICAL OINTMENT, 4OZ:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medication Treatment Guidelines, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there

has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm; 1/2) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm 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." The MTUS Chronic Pain Medical Treatment Guidelines also states that the use of this medication for Non-neuropathic pain is not recommended. In this case, LidoPro contains a higher amount of Capsaicin than is not recommended by the guidelines. In addition, the claimant does not have neuropathy or post-herpetic neuralgia. The location of application and frequency of use is not mentioned in the documentation. Based on the above, LidoPro is not medically necessary is not medically necessary and appropriate.