

<b>Case Number:</b>	CM14-0108387		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; TENS unit, unspecified amounts of psychological counseling; and extensive periods of time off of work. In a Utilization Review Report dated June 20, 2014, the claims administrator approved a request for Naprosyn and omeprazole while denying a request for Lidopro ointment. The applicant's attorney subsequently appealed. In a progress note dated July 17, 2014, the applicant was given prescription for Naprosyn and omeprazole. The attending provider stated that the Naprosyn was generating appropriate pain relief of 60 to 70% with the same. The applicant had transportation issues and was using a TENS unit every other day, it was further noted. Laboratory testing was endorsed. In an earlier noted dated June 7, 2014, the attending provider noted the applicant was no longer working. Naprosyn, Lidopro, and omeprazole were renewed. The applicant was having difficulty falling asleep, it was further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Ointment 121gm:** Upheld

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

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Lidopro are deemed "largely experimental." In this case, it is further noted that the applicant's ongoing usage of first line oral pharmaceuticals such as Naprosyn effectively obviates the need for the largely experimentally Lidopro compound at issue. Therefore, the request is not medically necessary.