

<b>Case Number:</b>	CM14-0123088		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62 year old female with a reported date of injury on 03/22/2014. The mechanism of injury was not noted in the records. The diagnoses were right shoulder impingement and depression. The past treatments included pain medication and acupuncture therapy. There were not diagnostic reports submitted for review. The surgical history included right shoulder arthroscopy. On 07/31/2014, the subjective complaints were pain to the right shoulder, elbow, wrist, and hand. The physical examination noted positive impingement sign and positive Hawkins's test on the right. The medications included Terocin patches and LidoPro cream. The plan was to order a fluoroscopy of the elbow and to continue medications. The rationale was to decrease pain. The request for authorization form was dated 07/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro cream 4 oz. # 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

**Decision rationale:** MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug ( or drug class ) that is not recommended is not recommended for use. LidoPro cream contains Capsaicin 0.0325%, Menthol 10%, Lidocaine 4.5% and Methyl Salicylate 27.5%. The proposed cream contains a 0.0375% formulation of Capsaicin which is not supported by the guidelines. In regard to Lidocaine, the guidelines state that there are no commercially approved topical formulations of Lidocaine for neuropathic pain other than Lidoderm brand patches. Therefore, as the requested topical compound contains non-approved formulations of Lidocaine, and 0.0375% Capsaicin, the compound is not supported. As such, the request is not medically necessary.