

<b>Case Number:</b>	CM14-0123908		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 male who reported an injury on 06/17/2009. The mechanism of injury involved a motor vehicle accident. The current diagnoses include L4-5 disc extrusion, lumbar radiculopathy, right shoulder bursitis, and carpal tunnel of the right wrist. The injured worker was evaluated on 06/11/2014 with complaints of ongoing neck pain. Previous conservative treatment includes a cervical epidural steroid injection on 02/12/2014, physical therapy, chiropractic treatment, and medication management. It is noted that the injured worker is pending authorization for surgery and a second opinion for the right knee. The injured worker has undergone a cervical fusion at C5-6 in 2011. The current medication regimen includes tramadol 50 mg, tramadol ER 150 mg, and Lidopro cream. Physical examination revealed no acute distress, a nonantalgic gait, tenderness to palpation of the cervical spine, limited cervical range of motion, decreased sensation in the left C6 and C7 dermatomes, decreased sensation in the left S1 dermatome, positive Spurling's maneuver on the left, and diminished strength in the right lower extremity. It is also noted that the injured worker underwent an MRI of the cervical spine on 10/18/2013. Treatment recommendations at that time included prescriptions for Lidopro topical ointment, tramadol 150 mg, a posterior foraminotomy, followup session with the orthopedic surgeon for the right knee, a pain management consultation, and an ophthalmology consultation. There was no DWC Form RFA submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LidoPro Topical Ointment 4 oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin; Salicylate Topicals; Opioids, specific drug list; Opioids, criteria for use;. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no strength or frequency listed in the request. As such, the request is not medically necessary and appropriate.