

<b>Case Number:</b>	CM14-0130974		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 63 year old female who sustained an industrial injury on 06/03/2013. The mechanism of injury was while carrying 2 bottles of shampoo to a bathroom upon pushing the door open, the claimant felt increased pain in the left elbow and left shoulder. Her diagnoses include cervical disc disease with left-sided radiculopathy, left shoulder impingement with rotator strain and biceps tendonitis, left carpal tunnel syndrome, stress, depression, insomnia, and gastritis due to orthopedic injuries. She continues to complain of pain in the left arm and shoulder with decreased strength. On exam the left upper extremity can abduct to 45 degrees and there is pain during flexion. Treatment has included medical therapy with Tramadol, Norflex, Naproxen, Terocin patches and LidoPro lotion. The treating provider has requested LidoPro Lotion 4 ounces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO LOTION 4 OUNCES:** 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 Page(s): 111-113.

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication, LidoPro Lotion. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating LidoPro lotion. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that "capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments." There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medication has not been established. The request for LidoPro Lotion is not medically necessary.