

<b>Case Number:</b>	CM14-0140033		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 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:

This is a 47-year-old female with a work related injury dated June 4, 2012. Documentation submitted for review ranges from dates of service June 11, 2012 through October 8, 2012. The utilization review (UR) decision for this review is dated August 4, 2014. The only documentation submitted after October 8, 2012 is two additional visits dated August 7, 2014 and September 3, 2014, which is after the UR decision. Per the documentation of the physician's visit dated August 7, 2014, the worker presented to the treating physician with complaints of excruciating pain along the shoulder with a popping sound and pain is severe enough to make her cry. A magnetic resonance imaging of the neck revealed disc disease from the C4 through C7, foraminal narrowing at the C3-C4 on the right and facet changes from the C4 through C6. Nerve studies showed carpal tunnel syndrome on the right side. She also has complaints of headaches. Pain is reported interfering with household chores and is unable to lift more than five pounds. Treatment history included pain management consultation, a consultation for internal medicine, sleep disturbances and gastrointestinal effects. The physician also referenced a neurology consultation but he did not have access to the results of that consult. Diagnosis at this visit was discogenic cervical condition with two-level disc disease and foraminal narrowing above at the C3-C4 on the right and facet wear at the C4-C5 and C5-C6 with radicular component along the upper extremity. A second diagnosis was impingement syndrome of the shoulder on the right with AC joint involvement and anterior subluxation. Additional diagnoses were mild shoulder sprain on the left and mild impingement, sternoclavicular joint subluxation on the right, depression and significant weight loss. The UR decision dated August 4, 2014 was for Lidopro cream. This request was denied as "off labeled use of compound delivery systems are not generally FDA approved as the mechanism by which drugs are delivered and its efficacy had not been extensively studied." The Lidopro cream was therefore not medically necessary and

appropriate. The underlying date of injury in this case is 6/4/2012. On 8/7/2014, the patient was seen in orthopedic followup with a diagnoses of discogenic cervical pain, right shoulder impingement syndrome, mild left shoulder strain with impingement, right sternoclavicular joint subluxation, lumbar sprain, depression, and weight loss. The patient presented crying with excruciating pain along the shoulder. The patient wanted to avoid an injection and therefore had not been seen for a physiatry visit and had not undergone surgery in her shoulder. On examination the patient had 110 degrees abduction with quite a bit of pain and crying. The treating physician recommended continuing medication including Norco, Soma, Flector patch, Naproxen, Neurontin, and LidoPro Cream.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidopro Cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Topical Analgesics recommends the use of topical medications only if the specific proposed mechanism of action and rationale for the component ingredient can be documented. In this case this medication includes topical Lidocaine, which is indicated only for localized peripheral neuropathic pain; such localized peripheral neuropathic pain is not documented in this case. Overall, the records and guidelines do not support a rationale or indication or probable benefit from Lidopro cream given both the severity and nature of the patient's ongoing pain syndrome. This request is not medically necessary.