

<b>Case Number:</b>	CM14-0048426		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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, has a subspecialty in Pain 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 injured worker is a 50 year old male who sustained an injury on 09/24/12 while shoveling. The injured worker felt intense pain to the right wrist. Prior treatment has included a right wrist fusion; however, the injured worker has also been followed for other multiple complaints including bilateral knee pain due to cumulative trauma. Prior medications have included Tramadol, Norco, and topical Terocin patches, all with minimal benefit. The injured worker is noted to have had some gastrointestinal irritation with medications and was utilizing Prilosec. The injured worker was also utilizing a LidoPro cream prescribed. The injured worker was recommended for further chiropractic therapy as well as epidural steroid injections in November of 2013. The injured worker did begin chiropractic therapy in December of 2013. The most recent report from 11/12/13 noted persistent pain 9/10 on the visual analog scale at the neck and mid back. The injured worker continued to describe bilateral upper extremity numbness, tingling, and pain as well as pain in the hands and lower extremities. The injured worker did report some improvement with recent viscosupplementation injections for the knees. Oral medications included Norco 5/325mg 1-2 times daily as needed as well as Prilosec 20mg once per day. The injured worker felt no substantial benefit from Norco. The injured worker was utilizing Gabapentin 300mg once daily but had not increased the dose. The injured worker reported no benefits from Gabapentin. The injured worker did feel that he was obtaining decreased pain with LidoPro cream when used at night and this cream did help him sleep. Physical examination noted mild weakness in the bilateral lower extremities as well as the left upper extremity. There was a positive Hoffman's sign to the left. The injured worker was recommended to titrate up Gabapentin to 300mg 3 times daily if tolerated. The injured worker was also prescribed an SNRI antidepressant. LidoPro 4oz. was denied by utilization review on an unspecified date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 4oz:** Overturned

**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): 111-113.

**Decision rationale:** In regards to the requested LidoPro 4oz., this reviewer would have recommended this medication as medically necessary based on the clinical documentation provided for review as well as Chronic Pain Medical Treatment Guidelines. Topical medications containing Lidocaine can be utilized as an option for the treatment of neuropathic pain. Guidelines do recommend that injured workers fail a reasonable treatment course of first line medications for neuropathic pain such as antidepressants or anticonvulsants; however, in this case the injured worker had been utilizing LidoPro with good success per November of 2013 clinical report. The injured worker had decreased pain at night and was able to sleep better with the use of this medication. Given the indications of benefit obtained with the use of LidoPro cream as of November of 2013, this reviewer would have recommended this medication as medically necessary.