

<b>Case Number:</b>	CM14-0059981		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/28/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Occupational 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:

This is a 32 year-old male with a 7/28/12 date of injury. The patient was seen on 12/02/12 where it was noted the patient underwent a left shoulder arthroscopy with a subacromial decompression. His pain was noted to be an 8-9/10. He initiated physical therapy. In the following clinic notes the patient the patient had ongoing left shoulder pain. A physical exam on 3/18/14 demonstrated 90 degrees of adduction and 80 degrees of flexion and 0 degrees of external rotation. A recommendation was made for manipulation under anesthesia for frozen shoulder. Treatment to date: surgery, PT, medications, LESian adverse determination was received on 4/8/14 given lidocaine in a cream topical formulation is not recommended per MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Topical ointment 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, other muscle relaxants, Gabapentin, and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This patient had left shoulder surgery with PT and medications to control his pain. There is a lack of documentation with regard to this topical medication in terms of adequate ongoing pain relief and ongoing functional gains. In addition, topical lidocaine is not supported per MTUS in a cream or gel formulation.