

<b>Case Number:</b>	CM14-0070376		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/27/2011
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Physical Medicine Rehabilitation and 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 69-year-old male who sustained an initial industrial injury on December 27, 2011. He was attempting to catch a falling plan, lost her balance and fell striking his for head, and knows on a handrail. The industrially related diagnoses include chronic neck pain, left shoulder pain, rotator cuff syndrome, and cervical radiculitis. The disputed issue is a request for topical Lidocaine, which consists of topical Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. A utilization review determination on May 2nd, 2014 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro:** 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): 111-113.

**Decision rationale:** In the case of this request for Lidopro topical medication, the California Medical Treatment and Utilization Schedule

specifically states that the only accepted form of topical Lidocaine is in the Lidoderm patch. The guidelines further specify that if one component of a topical formulation is not recommended, then the entire formulation is not recommended. This request is not medically necessary.