

<b>Case Number:</b>	CM14-0116233		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/10/1991
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 53 year old female who had a work injury dated 4/10/91. The diagnoses include degenerative spondylolisthesis at L4-5, multilevel disc disease at L5-S1, chronic and active bilateral S1 radiculopathy, and left shoulder internal derangement with labrum tear impingement syndrome. Under consideration is a request for Lido Pro 121mg. The 6/30/14 progress report states that the patient continues to have ongoing low back pain radiating down her legs, and left shoulder pain. She has difficulty obtaining her medications. However, the patient has been able to wean herself off the Duragesic and has been able to manage her pain on Percocet 10/325 mg which she takes 4-6 tablets a day as well as Norco 10/325 mg 6-8 tablets a day for breakthrough pain. The patient reports very good benefit from LidoPro topical analgesic ointment, which is consistent with the MTUS guide, increases her activity level and helps her cut back on her oral narcotics use. She also takes Adderall and Xanax, Neurontin 300 mg which does help alleviate her radicular symptoms in both her upper and lower extremities. She has also been experiencing less GI discomfort while on Prilosec, which she takes twice per day. The objective findings reveal that the patient moves slowly in and out of the office and relies on a front-wheeled walker for ambulation. She has difficulty transitioning from a seated to a standing position. Examination of the posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout cervical and paraspinal muscles. She has decreased cervical range of motion. Examination of the left shoulder reveals tenderness to palpation along the shoulder joint line. No shoulder subluxation is noted. There is no erythema or redness along the shoulder joint. The patient has decreased range of motion with shoulder abduction when compared to the right. Examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally with increased muscle

rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. She has decreased range of motion. The patient is unable to bend forward to about the level of her knees and extension is limited to about 10. She has pain with both maneuvers. The straight-leg raise performed in the modified sitting position is positive on the left at about 70, which causes radicular symptoms to the low back. She has decreased sensation along the posterior lateral thigh and posterior lateral calf on the left when compared to the right, at approximately the L5 distribution. Examination of the right knee reveals a mild soft tissue swelling with crepitus noted with general range of motion. Examination is negative exam for anterior/posterior Drawer's sign, negative for collateral laxity. Positive McMurray's test is present.

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

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

**Lido Pro 121mg:** 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 Lidoderm patch; Salicylate topical; Topical analgesics Page(s): 56,57; 105; 111-113.

**Decision rationale:** LidoPro cream 121mg is not medically necessary per MTUS guidelines. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS Guidelines state that there have been studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore the guidelines state that topical lidocaine is not recommended in cream form for chronic neuropathic pain. Salicylate topicals are recommended by the MTUS. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay in the MTUS which has menthol in it and is medically recommended per the MTUS for chronic pain. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Capsaicin in 0.0325% and topical Lidocaine in cream form are not supported by the MTUS. There are no extenuating factors present in the documentation submitted to go against the MTUS guidelines. The request for LidoPro cream 121mg is not medically necessary.