

<b>Case Number:</b>	CM15-0002090		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	04/25/2010
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old female who reported an injury on 04/25/2010. The mechanism of injury was not stated. The current diagnosis is left shoulder impingement. The injured worker has been previously treated with physical therapy and medication management, as well as activity modification. The injured worker presented on 11/04/2014, with complaints of increased pain in the bilateral shoulders. The injured worker was working under full time duties, and reported increased pain with activities. Upon examination, there was tenderness along the bilateral shoulders, 160 degree abduction, and mildly positive impingement sign, more so on the left. Recommendations at that time included continuation of full time duties. The injured worker was also issued a prescription for LidoPro lotion, tramadol ER 150 mg, and Nalfon 400 mg. A Request for Authorization form was then submitted on 11/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Lotion 4oz quantity 1:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state lidocaine has been FDA approved in the formulation of a dermal patch. No commercially approved topical formulation of lidocaine (whether cream, lotion, or gel) is indicated for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded, or are intolerant to, other treatments. There is no mention of a failure to respond to first line oral medication. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.