

<b>Case Number:</b>	CM15-0100578		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 68 year old male, who sustained an industrial injury on 02/17/2011. He reported that he lifted a heavy box onto a dolly that weighed approximately 300 pounds with the assistance of a coworker when he felt an immediate pulsating pain to the right shoulder that went into the lateral arms. The injured worker was diagnosed as having status post right shoulder rotator cuff repair and probable acromioplasty, right shoulder recurrent rotator cuff tear of the supraspinatus muscle/tendon, rotator cuff tendinosis, degenerative joint disease to the right acromioclavicular joint, degenerative joint disease of the right shoulder glenohumeral joint, and right shoulder subacromial bursitis. Treatment and diagnostic studies to date has included chiropractic therapy, home exercise program, use of ice, magnetic resonance imaging of the right shoulder, status post right shoulder arthroscopy, medication regimen, and physical therapy. In a progress note dated 03/31/2015 the treating physician reports complaints of right shoulder pain that is noted to interrupt his sleep at night. Examination is revealing for tenderness to the lateral and anterior aspect of the right shoulder. The injured worker's current medication regimen includes LidoPro Cream and Ketoprofen Cream, noting that the LidoPro Cream offers some assistance by numbing the shoulder. The injured worker's current pain level is rated a 3 to 4 out 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of LidoPro Cream. The injured worker also notes that his ability to perform activities of daily living has been decreased secondary to his symptoms. The treating

physician requested the medication regimen LidoPro Cream, but the documentation did not indicate the specific reason for the requested medication regimen.

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

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

**LidoPro topical ointment with applicator #1:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro ( capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Lido Pro cream is not medically necessary.