

<b>Case Number:</b>	CM15-0102465		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 22 year old male who sustained an industrial injury on August 25, 2014. He has reported pain in the neck, upper back, and right shoulder with radiation to the right arm and has been diagnosed with rotator cuff syndrome of shoulder and allied disorders, cervicgia, and disorders of bursae and tendons in shoulder region, unspecified. Treatment has included rest, ice, lying down, medications, physical therapy, and relaxation. Examination of the lumbar spine revealed range of motion to forward flexion was 60 degrees, extension was at 20 degrees, rotation was at 30 degrees bilaterally and side bending was at 20 degrees to the right and 30 degrees to the left. There was tenderness to palpation over the right trapezius. There was tenderness to palpation over the posterior aspect of the shoulder. The treatment request included Lidopro topical lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro topical lotion x2 dispensed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112 of 127.

**Decision rationale:** Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations, which are not in patch form. As such, the currently requested Lidopro lotion is not medically necessary.