

<b>Case Number:</b>	CM15-0132956		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 York  
 Certification(s)/Specialty: Pediatrics, Internal 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 26 year old male, who sustained an industrial injury on 6/4/14. The mechanism of injury was not documented. The injured worker was diagnosed as having pain in hand joint and arthropathy of hand. Treatment to date has included oral medication Naproxen Sodium and LidoPro ointment, acupuncture and activity restrictions. Currently on 6/18/15, the injured worker complains of left hand pain rated 5/10, described as aching and stabbing with radiation to the left elbow, forearm and wrist. He notes the pain is relieved with rest, application of cold and medications. He is temporarily totally disabled. Physical exam performed on 6/18/15 revealed tenderness on palpation over the proximal interphalangeal joint of little finger and thenar eminence, with restricted range of motion at proximal interphalangeal joint of little finger and swelling over the palmar aspect of the left hand. A request for authorization was submitted on 5/29/15 for Lyrica 25mg, Naproxen Sodium 550mg and LidoPro Ointment 4.5% #1 tube.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro ointment 4.5%, #1 tube:** 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): 111-113.

**Decision rationale:** According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. CA MTUS recommends medications are to be given individually with assessment of specific results and benefit for each medication. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. LidoPro cream contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The CA MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Medical necessity for the requested medication has not been established. Menthol is not discussed in MTUS and salicylate topicals are recommended. The requested topical analgesic compound is not medically necessary.