

<b>Case Number:</b>	CM15-0133103		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	07/01/1999
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/01/2015
<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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 65 year old female who sustained an industrial injury on July 1, 1999. She has reported injury to the neck, shoulder, low back, and finger on the left hand and has been diagnosed with cervical degenerative disc disease, rotator cuff tear status post-surgery, post-operative chronic pain, headache, myofascial pain, shoulder injury, lumbar degenerative disc disease, arthritis, and left finger pain. Treatment has included medications, acupuncture, home exercise program, tai chi, and TENS. There was tenderness to palpation of the paraspinal musculature with hypertonicity. There was an arthritic nodule DIP nodule first digit right hand. She was unable to make a fist to the left hand. She was unable to extend her fingers left 4th DIP joint. The treatment request included Lidopro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121gm:** 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains topical Lidocaine and NSAID. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidopro is not recommended. There was no indication of reduction of Naproxen use and topical NSAIDS can reach systemic levels similar to oral medications. LidoPro as above is not medically necessary.