

<b>Case Number:</b>	CM15-0143452		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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(n) 40 year old female, who sustained an industrial injury on 2-18-13. She reported pain in her right shoulder and neck after lifting a heavy bucket of water. The injured worker was diagnosed as having pain in shoulder joint, lateral epicondylitis and chronic pain syndrome. Treatment to date has included chiropractic treatments, acupuncture, physical therapy, an EMG-NCV of the right upper extremity with normal results and a right shoulder and elbow MRI. Current medications include Zoloft, Tylenol ES and LidoPro since at least 5-1-15. As of the PR2 dated 7-2-15, the injured worker reports pain in her right shoulder and elbow. She rates her pain a 3 out of 10. Objective findings include right shoulder flexion 150 degrees, extension 20 degrees and abduction 120 degrees. There is also a positive Hawkin's and Neer test and pain in the right elbow with flexion. The treating physician requested LidoPro 4.5% ointment #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 4.5% ointment #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 Analgesic Page(s): 111-112.

**Decision rationale:** The patient presents with pain in the right shoulder and right elbow. The request is for Lidopro 4.5% Ointment #1. Patient is status post right rotator cuff surgery, date unspecified. Physical examination to the right shoulder on 07/02/15 revealed tenderness to palpation in the acromioclavicular joint, biceps groove, coracoid process and genohumeral joint. Hawkins and Neers tests were positive. Patient's treatments have included acupuncture and physical therapy. Per 02/27/15 progress report, patient's diagnosis include pain in joint of shoulder, lateral epicondylitis, chronic pain syndrome, and anxiety state not otherwise specified. Patient's medications, per 05/01/15 progress report include Lidopro Ointment, Tylenol, and Zoloft. Per 07/02/15 progress report, patient is temporarily totally disabled until the next appointment. The MTUS Guidelines, pages 111 and 112, Topical Analgesic section, has the following: Lidocaine Indication: Neuropathic pain 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 lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Treater does not discuss this request; no RFA was provided either. Review of the medical records provided indicate that the patient has received prescriptions for Lidopro Ointment from 06/04/15 and 07/02/15. However, treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS only supports Lidopro in a patch formulation and not as an ointment, lotion, gel or other forms. Additionally, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested Lidopro ointment contains Lidocaine, which is not supported for topical use in cream form per MTUS. Therefore, the request is not medically necessary.