

<b>Case Number:</b>	CM15-0162827		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Emergency 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 61 year old male, who sustained an industrial injury on 1-16-2014. He reported repetitive trauma of the right shoulder, elbow and wrist. The injured worker was diagnosed as having right shoulder strain, right elbow strain, right wrist strain. Treatment to date has included medications, TENS unit, chiropractic treatment, and acupuncture. The request is for Lidopro cream for the right shoulder, elbow, and wrist. On 7-13-2015, his work status is noted to be modified. He reported pain to the right shoulder, elbow, and wrist. He rated his pain 5-6 out of 10. The treatment plan included: trial of TENS unit, trial of paraffin treatment, sleep screening, right shoulder, and elbow and wrist magnetic resonance imaging. He denied needing medications refilled on this date. On 7-21-2015, he reported pain to the right shoulder. He tolerated trial of TENS unit well. He rated his pain 7 out of 10 prior to TENS unit treatment and 5 out of 10 afterward. Physical findings revealed tenderness in the shoulder, right elbow, positive Hawkins and O'Briens, negative cubital tunnel and tinel's and phalen's tests. The treatment plan included: continuing medications, activity modification, paraffin treatment, lidopro cream, and right shoulder magnetic resonance imaging. Medications are: naproxen, and omeprazole. His work status is not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121 gram for the right shoulder/elbow/wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The requested Lidopro cream 121 gram for the right shoulder/elbow/wrist is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain to the right shoulder. He tolerated trial of TENS unit well. He rated his pain 7 out of 10 prior to TENS unit treatment and 5 out of 10 afterward. Physical findings revealed tenderness in the shoulder, right elbow, positive Hawkins and O'briens, negative cubital tunnel and tinel's and phalen's tests. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lidopro cream 121 gram for the right shoulder/elbow/wrist is not medically necessary.