

<b>Case Number:</b>	CM15-0186697		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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, Hawaii

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 46 year old female, who sustained an industrial injury on 5-14-2012. The medical records indicate that the injured worker is undergoing treatment for cervical radiculitis C6 and C7, cervical spasm, right sternocleidomastoid joint sprain-strain, De Quervain's bilaterally, status post carpal tunnel release, bilateral external-internal epicondylitis, bilateral flexor and extensor tendonitis, rotator cuff tendinosis, chronic pain, depression, and sleep disturbance. According to the progress report dated 8-14-2015, the injured worker presented with complaints of right wrist pain (10 out of 10), left wrist pain (8 out of 10), right elbow pain (8-10 out of 10), left elbow pain (6-10 out of 10), right shoulder pain (8-9 out of 10), left shoulder pain (9-10 out of 10), and neck pain (10 out of 10). The physical examination reveals tenderness and decreased range of motion in the bilateral shoulders, elbows and wrists. The current medications are Norco, Cyclobenzaprine, Gabapentin, Diclofenac Omeprazole, Docusate Sodium, Mirtazapine, Lexapro, Lunesta, and Lidopro topical. Previous diagnostic studies include x-rays, electrodiagnostic testing, and MRI studies. Treatments to date include medication management, physical therapy, home exercise program, TENS unit, acupuncture, and surgical intervention. Work status is described as "off work." The original utilization review (8-24-2015) had non-certified a request for Lidopro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 4oz:** 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 records indicate the patient has complaints of constant neck pain which radiates into both hands. She also complains of bilateral shoulder, elbow and wrist pain. The current request is Lidopro 4oz. Lidopro is an ointment containing capsaicin, lidocaine, menthol, methyl salicylate. The attending physician offers no explanation for the request of Lidopro other than to mention that the last doctor was prescribing it. Recommended as an option as indicated below; largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. In this case, there is no indication that the patient is suffering from neuropathic pain. However, the CA MTUS guidelines state that Lidocaine (in creams, lotions or gels) is not recommended for topical applications. Topical Lidocaine is approved only in the formulation of a dermal patch. As such, the request is not consistent with MTUS guidelines and is not medically necessary.