

<b>Case Number:</b>	CM15-0199368		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: 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 53 year old male with an industrial injury date of 09-19-2013. Medical record review indicates he is being treated for lumbosacral-joint-ligament sprain-strain, strain of left shoulder and left knee sprain and strain. Subjective complaints (09-02-2015) included left shoulder pain rated as 6 out of 10. He was status post-surgery on 07-16-2015. He reported completion of post-op physical therapy times 8 sessions with good benefits and improved range of motion. Other complaints included low back pain with left lower extremity tingling and numbness rated as 7 out of 10 and left knee pain described as sharp, "pops with movement" and was worse with activity. Mood was stable "but sometimes gets irritated easily." He also complained of loss of appetite and had difficulty staying asleep due to pain. Work status (09-02-2015) is temporary total disability. Objective findings (09-02-2015) included affect and mood were appropriate. Left shoulder lateral abduction was 90 degrees. There was tenderness to palpation over left anterior shoulder, deltoid and neck. Current medications (09-02-2015) included Naproxen, Cyclobenzaprine, Omeprazole, Norco and Lido Pro cream. Prior treatments included heat therapy, TENS unit, physical therapy and medications. On 10-01-2015 the request for one prescription of Lidopro cream 121 gm was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (dos 9/2/15) 1 prescription of LidoPro cream 121gm: Upheld**

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

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

**Decision rationale:** The requested Retrospective (dos 9/2/15) 1 prescription of LidoPro cream 121gm, 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 low back pain with left lower extremity tingling and numbness rated as 7 out of 10 and left knee pain described as sharp, "pops with movement" and was worse with activity. Mood was stable "but sometimes gets irritated easily." He also complained of loss of appetite and had difficulty staying asleep due to pain. Work status (09-02 2015) is temporary total disability. Objective findings (09-02-2015) included affect and mood were appropriate. Left shoulder lateral abduction was 90 degrees. There was tenderness to palpation over left anterior shoulder, deltoid and neck. The treating physician has not documented trials of antidepressants 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, Retrospective (dos 9/2/15) 1 prescription of LidoPro cream 121gm is not medically necessary.