

<b>Case Number:</b>	CM15-0028277		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/06/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 26 year old female, who sustained an industrial injury reported on 8/6/2011. She reported constant, radiating left wrist pain status-post surgical repair in 2012 & 2013. The diagnoses were noted to have included an ulnar nerve lesion; left ulnar neuropathy; late effect of open wound of the left extremity, and open wound of the left wrist. Treatments to date have included consultations; diagnostic imaging studies; home exercise program; ice therapy; transcutaneous electrical stimulation unit; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled, versus permanent and stationary (8/8/14) and unemployed. Also noted is that she has finished EDD temporary disability benefits, and is no longer receiving benefit from workers' comp., her employer, or unemployment. On 1/13/2015, there were subjective complaints of upper extremity pain associated with tingling and numbness. The objective findings were significant for decreased sensation of the left upper extremity. The medications are Naproxen, Omeprazole and LidoPro cream. The 1/13/2015 request for authorization includes LidoPro cream 8 dispensed, and the treatment plan on the PR-2, of the same date, notes Lidopro Cream, 121 gm, and LidoPro cream for non-pharmaceutical pain control because we no longer carry Menthoderm gel. On 2/5/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 2/2/2015, for 1 prescription of LidoPro cream 121 gm. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, topical medications, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Lidopro Cream 121gm DOS: 1/13/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic product.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that compound topical analgesics can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first-line anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with localized neuropathic pain such as CRPS. The diagnosis was upper extremity pain. There is no documentation of failure of first line medications. The guidelines recommend that topical analgesic products be tried and evaluated individually. The LidoPro cream contains lidocaine 4.5%/capsaicin 0.0325% / salicylate 27.5% / menthol 10%. There is lack of guidelines or FDA support for the chronic use of menthol and salicylate in the treatment of chronic musculoskeletal pain. The criteria for the retrospective use of LidoPro cream 121gm DOS 1/13/2015 was not met.