

<b>Case Number:</b>	CM15-0217393		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 44 year old male who sustained an industrial injury on 06-30-2014. A review of the medical records indicated that the injured worker is undergoing treatment for trauma to the left side of the body including lumbosacral plexopathy, left tibia-fibula fracture, knee fracture, rib fractures and L1 vertebral compression fracture. The injured worker is status post open reduction internal fixation of left fibular fracture, fibular collateral ligament repair and re-attachment on 07-23-2014. According to the treating physician's progress report on 10-02-2015, the injured worker continues to experience back pain radiating to the left leg associated with weakness, numbness and tingling. The injured worker ambulates with an antalgic gait and using crutches. There was tenderness to palpation of the 4th and 5th rib and left knee at the lateral aspect with swelling of the left foot. The left knee range of motion was 5-110 degrees. The lumbar spine had reduced range of motion with spasm and decreased hamstring and gastrocnemius muscle testing. Official reports of electrodiagnostic studies of the lower extremities performed on 04-15-2015 and lumbar spine magnetic resonance imaging (MRI) performed on 05-18-2015 were included in the review. Prior treatments have included diagnostic testing, surgery, physical therapy (at least 48 completed), knee and back braces, neurology consultation, podiatry consultation, acupuncture therapy, wheelchair, walker, crutches, compression socks, transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications are Gabapentin, Naproxen and LidoPro topical cream. Treatment plan consists of follow-up for liver and kidney function, left lumbar plexus magnetic resonance imaging (MRI), continue physical therapy, continuing transcutaneous electrical nerve stimulation

(TENS) unit, home exercise program, self-trigger point therapy, back and knee braces, orthopedic evaluation for left knee and the current retrospective request for LidoPro cream 121gm (DOS: 10-02-2015). On 10-29-2015 the Utilization Review determined the retrospective request for LidoPro cream 121gm (DOS: 10-02-2015) was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective LidoPro cream 121g (dos: 10/02/2015): Upheld**

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

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

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin topical formulation would provide any further efficacy over oral delivery of Acetaminophen and NSAID. There is no documentation of intolerance to oral medication. The Retrospective LidoPro cream 121g (dos: 10/02/2015) is not medically necessary and appropriate.