

<b>Case Number:</b>	CM15-0037851		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 34-year-old female, who sustained an industrial injury on July 12, 2013. The injured worker had sustained a left wrist injury. The diagnoses have included closed fracture of the scaphoid of the wrist, contusion of the wrist, wrist sprain/strain and insomnia. Treatment to date has included medications, radiological studies, transcutaneous electrical nerve stimulation unit, a paraffin bath, a functional capacity evaluation and a home exercise program. Current documentation dated January 16, 2015 notes that the injured worker complained of left wrist pain rated at a four out of ten on the Visual Analogue Scale. Physical examination of the left wrist revealed tenderness to palpation and a normal range of motion. The treating physician prescribed Lidopro topical cream for the pain. On January 23, 2015 Utilization Review non-certified a request for Lidopro topical cream 121 grams with refills. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro topical 121 gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** Based on the 01/16/15 progress report, the patient presents with left wrist pain. The request is for Lidopro topical 121gms. The patient's diagnoses per RFA dated 01/16/15 included closed fracture of the scaphoid of the wrist, contusion of the wrist, wrist sprain/strain and insomnia. Physical examination of the left wrist revealed tenderness to palpation and a normal range of motion. The patient is working modified duty. The MTUS has the following regarding topical creams (p111, chronic pain section): 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. Lidopro topical cream was included in patient's medications per treater reports 01/16/15 and 02/13/15. In this case, Lidopro topical cream contains Lidocaine and MTUS does not support any formulation of Lidocaine other than a patch. The request for Lidopro topical is not medically necessary.