

<b>Case Number:</b>	CM15-0047756		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 55 year old with an industrial injury dated 03/01/2010. Her diagnosis includes CMC joint inflammation of the thumbs bilaterally, status post interventional treatment on the right side in 2011 and left side in 2014 and chronic regional pain syndrome affecting the left hand with loss of motion. Medical history includes dialysis and awaiting kidney transplant. In the progress note dated 02/23/2015 the injured worker presents with numbness in her thumb and index finger. She could not bend her thumb or index finger. She has been treated with medications, hot and cold wrap, TENS unit and therapy. Objective findings included decreased motion of the thumb with mild swelling. The treating physician notes the injured worker is unable to take certain medications related to her renal status and is requesting Lido cream to be applied to the injured area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Cream (bottles) Qty: 2.00:** 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidopro cream 2 bottles is not medically necessary. Lidopro contains Capsaisin 0.0375%, Lidocaine, Menthol, Methyl salicylate. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are CMC joint inflammation thumbs bilaterally, status post interventional treatment 2011 on the right and 2014 on the left; and chronic regional pain syndrome affecting left hand with loss of motion. The documentation indicates the treating physician has attempted to request Lidopro as far back as October 2014 and November 2014. The injured worker was on dialysis and the treating physician is attempting to minimize oral opiates. Capsaicin 0.0375% is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Capsaicin 0.0375% and lidocaine cream) that is not recommended is not recommended. Consequently, Lidopro cream is not recommended. The utilization review modified the Lidopro request from two bottles to one bottle to gauge efficacy after the first bottle. The injured worker's history of ongoing dialysis with the treating physician's rationale to minimize opiate analgesics is a compelling clinical determinant in using topical analgesics. Consequently, clinical documentation with a history of ongoing dialysis is compelling rationale for Lidopro cream one bottle to gauge its efficacy. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidopro cream two bottles are not medically necessary.