

<b>Case Number:</b>	CM15-0050183		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 52 year old female, who sustained an industrial injury on 2/18/04. The injured worker has complaints of cervical pain that radiates to the left upper back and the left preauricular area and left jaw. The diagnoses have included carpal tunnel syndrome left, right is status post release; right wrist post-surgical pain and bilateral wrists sprain/strain. Treatment to date has included home exercise program; transcutaneous electrical nerve stimulation unit; acupuncture; tramadol; electromyography/nerve conduction study of the upper extremities; status post release of right carpal tunnel syndrome and magnetic resonance imaging (MRI) of the cervical spine. The request was for lidoderm cream 121 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm cream 121gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Lidocaine, topical.

**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 #121 grams is not medically necessary. Topical analgesics are largely experimental with few 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. Lidopro contains Capsaicin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. 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. In this case, the injured worker's working diagnoses are carpal tunnel syndrome left; right wrist postsurgical pain; bilateral wrist strain/sprain; bilateral De Quervain's; cervical left radiculitis; cumulative trauma from repetitive motion; lateral epicondylitis and medial epicondylitis left elbow; left trapezius strain; tendinitis bilateral wrists; history of gastrointestinal hemorrhage; left forearm strain; chemical gastritis with hematemesis attendances seven months ago. Subjectively, according to a progress note dated February 4, 2015, the worker complains of cervical pain 8/10, right wrist pain 7/10, left wrist pain 8/10 and depression. The injured worker is engaged in a home exercise program using a TENS unit. Objectively the injured worker has diffuse tenderness at the right wrist, left wrist with tenderness at the left elbow in both compartments and left shoulder tenderness. The documentation does not provide a clinical rationale or anatomical region for the topical analgesic application. There is no documentation of first-line treatment failure with antidepressants and anticonvulsants. Capsaicin 0.0325% is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (lidocaine and non-Lidoderm form and Capsaicin 0.0375%) that is not recommended is not recommended. Consequently, Lidoderm cream #121 g is not recommended. Based on the clinical information the medical record and the peer-reviewed evidence base literature, Lidopro cream #121 g is not medically necessary.