

<b>Case Number:</b>	CM15-0056932		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old male who sustained an industrial injury on 07/19/13. Initial complaints and diagnoses ulna impact ion with MRI evidence of partial TFCC; Medial Epicondylitis. Treatments to date include medications, physical therapy, and left wrist surgery. Diagnostic studies include a MRI. Current complaints include left wrist tenderness and decreased range of motion. In a progress note dated 03/05/15 the treating provider reports the plan of care as continued physical therapy, Norco, Flexeril, Nalfon, and Protonix. The requested treatment is LidoPro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Cream x 1 bottle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG topical analgesics.

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

**Decision rationale:** The injured worker sustained a work related injury on 07/19/13. The medical records provided indicate the diagnosis of ulna impact ion with MRI evidence of partial TFCC; Medial Epicondylitis. Treatments to date include medications, physical therapy, and left wrist surgery. Treatments have included medications, physical therapy, and left wrist surgery. The medical records provided for review do not indicate a medical necessity for LidoPro Cream x 1 bottle. LidoPro is a topical analgesic containing Lidocaine 4.5%; Methyl Salicylate 27.5% ; Menthol 10%;Capsaicin 0.0325%. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS does not recommend the use of any formulation of Lidocaine besides as Lidocaine patch, neither does it recommend the use of any other formulation of Capsaicin beside the 0.025% and a 0.075% strengths. The request is not medically necessary.