

<b>Case Number:</b>	CM15-0058705		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	12/16/2002
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: 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 58 year old male with an industrial injury date of 12/16/2002 resulting in injury to his right wrist, neck, back and shoulder. His diagnoses included injury of upper extremity, chronic kidney disease stage 3 and diabetes. Other diagnoses included major depression, psychological factors affecting physical condition and cognitive disorder. Prior treatments included medications, right rotator cuff repair, physical therapy and psychiatry. He presents on 02/04/2015 for evaluation of upper extremity. Documentation also notes he had injuries to bilateral shoulders, left knee and neck. Physical findings were painful ulnar deviation and swelling over right wrist joint. Treatment plan included Lidopro cream and TENS purchase to control pain. The provider notes topical analgesic creams and TENS unit reduces the need for oral medication which needs to be restricted due to his kidney failure. He was advised to follow up with his family doctor for his depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Cream 121gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111, 112, 113.

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

**Decision rationale:** The MTUS Guidelines are very specific with the recommendation that if topical Lidocaine is indicated the only delivery method recommended is Lidoderm patches. The MTUS Guidelines provides rationale for this recommendation and there are no unusual circumstances to justify an exception to the Guideline recommendations. The Lidopro is not supported by Guidelines and is not medically necessary.