

<b>Case Number:</b>	CM15-0080686		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 54-year-old male, who sustained an industrial injury on February 16, 2012. He has reported back pain, knee pain, neck pain, and shoulder pain. Diagnoses have included cervical spine strain/sprain, cervical spine radiculitis, shoulder strain/sprain, thoracic spine strain/sprain, and left shoulder tendon tear. Treatment to date has included medications, home exercise, and transcutaneous electrical nerve stimulator unit. A progress note dated March 25, 2015 indicates a chief complaint of left shoulder and neck pain radiating to the fingers with numbness and tingling. The treating physician documented a plan of care that included transdermal pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 4oz. (121gm): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113; Capsaicin, topical, page 28-29.

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidopro cream 4oz. (121gm) is not medically necessary and appropriate.