

<b>Case Number:</b>	CM15-0082713		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	02/16/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 53 year old female, who sustained an industrial injury on 2/16/14. She reported falling off a ladder and injuring her neck, back and left elbow. The injured worker was diagnosed as having cervical radiculopathy, thoracic degenerative disc disease, lumbar degenerative disc disease and cervical myofascial strain. Treatment to date has included physical therapy x 12 sessions, a cervical, thoracic and lumbar MRI, chiropractic treatments and Tramadol, Naproxen and LidoPro cream. As of the PR2 dated 4/14/15, the injured worker reports neck pain that radiates into her right upper back and left arm. She rates her neck pain an 8/10. She also reported 8/10 pain in her lower back and left elbow. The left elbow injection she previously received helped, but she feels the effects have gone away. The treating physician requested LidoPro cream #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro cream, #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**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, #1 is not medically necessary or appropriate.