

<b>Case Number:</b>	CM14-0116588		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 28-year-old male who reported an injury on 09/17/2012 while moving an air compressor, his helper did not realize he was not ready to move it. The air compressor hit the right side of his body, pushing his arm and right shoulder backwards. He fell to the ground hitting his right shoulder, neck, and arm. The diagnoses were status post right shoulder arthroscopy, subacromial decompression, distal clavicle excision, partial synovectomy, undersurface rotator cuff debridement with superior labral debridement. Cervical strain with myofascial pain and negative MRI; persistent subacromial bursitis with mild acromioclavicular edema and subcoracoid edema with biceps tendonitis. Past treatments have been medications, physical therapy, injections to the right shoulder. Diagnostic studies were MRI of the right shoulder. Surgical history was right shoulder arthroscopy. Physical examination dated 05/19/2014 revealed the injured worker still had persistent anterolateral right shoulder pain with repetitive use. He was back to full duty. Examination of the right shoulder revealed no tenderness to palpation. There was active range of motion equal to the opposite side with good internal rotation and external rotation, strength as well as supraspinatus strength. The injured worker had mild Hawkins and mild Neer's sign and a mild O'Brien test. He had a negative speed test. There was tenderness to palpation on the right side of the paraspinal muscles. There was full active range of motion of the neck with a mild Spurling's test. There was symmetrical deep tendon reflexes, normal sensation to touch. No evidence of upper motor neuron signs. Medications were tramadol. Treatment was to continue medications as directed and continue icing and occasional anti-inflammatories as necessary. Continue home exercise program. The rationale was not submitted. The Request for Authorization was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro dispensed 10-11-13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter - Official Disability Guidelines: Compound Drugs, Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, page 105, Topical Analgesics, page 111, Topical Capsaicin, page 28, Lidocaine Page(s): 111, 112 28.

**Decision rationale:** The request for Lidopro dispensed 10/11/13 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or 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. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The efficacy of this medication was not reported. The frequency for the medication was not indicated on the request form. Therefore, the request is not medically necessary.