

<b>Case Number:</b>	CM14-0117678		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 59-year-old female was reportedly injured on October 1, 2010. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated June 6, 2014, indicates that there are ongoing complaints of neck pain radiating to the upper extremities as well as headaches. There were complaints of G.I. upset with oral analgesic medications. The physical examination demonstrated tenderness along the cervical spine paraspinal muscles with numerous trigger points throughout the cervical spine, upper trapezius, and medial scapular regions. There was decreased cervical spine range of motion and decreased grip strength of the right hand compared to the left. A neurological examination noted decreased sensation at the C5 - C6 distribution on the right greater than the left side. There was a positive Tinel's test at the left wrist and a ganglion cyst at the radial aspect of the right wrist. Diagnostic nerve conduction studies revealed a mild bilateral C5 - C6 radiculopathy and right-sided carpal tunnel syndrome. An MRI the cervical spine showed a disc bulge at C5 - C6 with mild central canal and bilateral neural foraminal stenosis. There was also a positive discogram at C5 - C6 and to a lesser extent at C6 - C7. Previous treatment includes a cervical spine epidural steroid injection, and oral medications. A request had been made for Lidopro cream and was not certified in the pre-authorization process on June 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Lidopro Cream apply three times a day, QTY: 1 (DOS: 05/09/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009); Page(s): 111-113 of 127.

**Decision rationale:** Lidopro cream is a compounded preparation which includes capsaicin, lidocaine, menthol, and methyl salicylate. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for Lidopro cream is not medically necessary.