

<b>Case Number:</b>	CM14-0118711		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Anesthesiology has a subspecialty in: Pain Medicine and is licensed to practice in California. 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 63 year old female who had a work-related injury on 09/15/11. Mechanism of injury is not described. She is status-post right shoulder arthroscopy, rotator cuff repair, and subacromial decompression on 02/11/13. Most recent medical record submitted for review is dated 08/04/14. Stating that the injured worker is seen for her neck and shoulder. At this point she continues to do well. Her work has accommodated her. Physical examination reveals full range of motion of her right shoulder. She has negative impingement signs 1 and 2, negative Jobe test, and negative O'Brien test. She has nonspecific pain above the space of the neck and upper back region. Diagnoses status post right shoulder arthroscopy, rotator cuff repair and subacromial decompression. Severe cervical degenerative disc disease with chronic evidence of interscapular radiculopathy. Recommendations at this point she would take Celebrex on as needed basis. She would use Lidopro on as needed basis. She would take Neurontin routinely for her cervical disc disease at 300mg BID. Her restrictions are 10 pounds. Prior utilization review on 07/10/14 was non-certified. Current request is for retrospective, Lidopro 2 times daily as needed for pain 90 day supply. The only other documentation submitted for review was dated April of 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective; LidoPro 2x daily as needed for pain, 90 day supply: Upheld**

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

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

**Decision rationale:** The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: lidocaine which has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.