

Case Number:	CM15-0111713		
Date Assigned:	06/18/2015	Date of Injury:	06/08/2012
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 was a 63 year old female, who sustained an industrial injury, June 8, 2012. The injured worker previously received the following treatments bilateral wrist braces at night, Naproxen, Gabapentin, Cyclobenzaprine, Omeprazole, LidoPro cream home exercise program, ice and heat and TENS (transcutaneous electrical nerve stimulator) unit. The injured worker was diagnosed with strain/sprain right shoulder, right knee strain/sprain, carpal tunnel syndrome, lumbosacral or thoracic neuritis. According to progress note of May 15, 2015, the injured worker's chief complaint was right shoulder, bilateral wrists, low back and right knee pain. The injured worker rated the right shoulder pain at 7-out of 10. The pain was described as stabbing and burning sensation. The pain was worse with cold weather and activity. The pain radiated to the right elbow with throbbing and burning sensation and to the neck with throbbing and burning sensation. The bilateral wrists pain was rated at 3 out of 10. The pain was intermittent, burning sensation with occasional stabbing, swelling in the right and with cold weather and activity, the pain radiated into the fingers with numbness, tingling and cramping and occasionally left hand numbness, tingling, and cramping. The injured worker wears wrist braces at night occasionally. The lower back pain was rated at 5 out of 10. The pain was described as constant, burning sensation with occasional sharpness, numbness and tingling with movement. The pain was worse in the cold weather and activity, bending, lifting chores, prolonged sitting, standing and walking. There was no radiation of pain. The right knee pain was 7 out of 10. The pain was described as throbbing, stabbing, burning sensation and getting stuck in the middle of the knee. The injured worker was using the LidoPro cream for pain control of the lumbar spine, right shoulder,

bilateral wrists and right knee injury. The symptoms were made worse by cold weather. There was no documentation of a physical exam. The treatment plan included a prescription for LidoPro topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 gm Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin topical. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chapter) - Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or anti-epileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested Lidopro cream is not medically necessary.