

<b>Case Number:</b>	CM15-0116788		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 21-year-old male, who sustained an industrial injury on January 21, 2014. He reported getting his right forearm and hand lodged in a pallet loader. The injured worker was diagnosed as having left shoulder impingement and right arm compartment syndrome with chronic right arm pain. Treatment to date has included MRI, x-rays, left forearm graft surgery, and medication. Currently, the injured worker complains of pain in the left shoulder, right forearm, and hand, associated with numbness and tingling. The Treating Physician's report dated April 9, 2015, noted the injured worker reported his pain as frequent and severe in intensity, rating his pain as 8, 4 at its best and 10 at its worst, with average pain in the last seven days a 9 on a scale of 0 to 10, with 0 being no pain and 10 the worst pain. The injured worker's current medication was listed as Omeprazole. Physical examination was noted to show tenderness to palpation over the posterior aspect of the left shoulder, and diffuse tenderness to palpation of the right forearm. The treatment plan was noted to include requests for authorization for a plastic surgeon to evaluate the injured worker for a scar revision and acupuncture, and medications prescribed including Tramadol ER and LidoPro gel. A urine drug screen (UDS) and opioid agreement was completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Gel (GM) Qty 121: 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, 112.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The requested compound medication of LidoPro has the active ingredients of Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The guidelines note that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. The documentation provided failed to include the injured worker's response to the Lidopro with objective, measurable improvement in pain and functionality, or any indication that the injured worker had not responded, or was intolerant to other treatments. The compounded medication also included Lidoderm, which is not recommended in that form; therefore, based on the MTUS guidelines, and the documentation provided, the request for Lidopro Gel (GM) Qty 121 is not medically necessary.