

<b>Case Number:</b>	CM15-0118301		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/04/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 50 year old right-hand dominant male who sustained an industrial injury on 10/04/2014. He reported multiple lacerations to both hands and pain to the chest with red mark across the chest following the explosion of an airbag he was holding while working on an 18-wheeler repair. The injured worker was diagnosed with fracture, metacarpal bones, closed; epicondylitis in the lateral elbow; cervical sprain/strain of the neck, tenosynovitis of the elbow, tenosynovitis of the shoulder; and thoracic sprain/strain. Treatment to date has included open reduction internal fixation of the 5th metacarpal neck fracture (10/24/2014), and a MRI of the right shoulder that showed mild changes of osteoarthritis, and a partial tear of supraspinatus tendon of the right shoulder. He had a left long finger laceration and repair of skin, and hand therapy. Currently, the injured worker is seen in follow up visit for complaint of bilateral wrist, shoulder, and elbow pain, and upper mid back pain. On examination he has intermittent numbness of the wrists at night, bilateral shoulders are sensitive to touch, bilateral wrist movement causes electric jolt to bilateral forearm and fingers #2+4 (middle, ring and pinky) with tingling, difficulty bending left finger #2. Cold increases the pain. He also has occasional headaches to the Left side of the back. He has intermittent neck/upper-mid back pain that starts with a headache on the left side of the head in the back and has muscle tightness with pulling sensation that gets worse with activity. He has no radiation or numbness or tingling. The plan of care includes muscle relaxants, topical medications and anti-depressant medications. A request for authorization is made for: 1. LidoPro cream 121gm, and 2. Norco 7.5/325mg #40.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro cream 121gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Lido Pro cream is not medically necessary.