

<b>Case Number:</b>	CM15-0128880		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 42-year-old female, who sustained an industrial injury on August 28, 2013. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included surgery, physical therapy and home exercise program. Current symptoms experienced by the injured worker were not included. The injured worker is post right shoulder surgery with biceps tenodesis decompression and debridement. A note dated November 14, 2014 states the injured worker experienced improvement with physical therapy. A note dated February 10, 2015 states the injured worker is doing well and is continuing to increase her strength. There is less pain with range of motion and the injured worker is not currently taking any narcotics to manage her pain symptoms. The medication, LidoPro cream 121 mg (retrospective-dispensed 5/20/15) is requested to help relieve the injured workers pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro cream 121 mg (retrospective - dispensed 5/20/15): 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:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains topical Lidocaine and NSAID. 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). Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant did not have the above diagnoses. The claimant had been on other topical NSAIDs and oral NSAIDs in the past. Long-term use of topical analgesics such as Lidopro is not recommended. LidoPro as above is not medically necessary.