

<b>Case Number:</b>	CM15-0171873		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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  
 Certification(s)/Specialty: Emergency 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:

This 54 year old male sustained an industrial injury on 3-17-11. Documentation indicated that the injured worker was receiving treatment for ongoing right upper extremity pain after traumatic amputation of four right fingers at the metacarpal phalangeal joints, chronic regional pain syndrome and post traumatic stress disorder. Recent treatment consisted of physical therapy, psychological care and medications. The injured worker received stellate ganglion blocks in 2014. In a pain management follow-up dated 7-20-15, the injured worker complained of right upper extremity pain rated 7 out of 10 on the visual analog scale at worse and 5 out of 10 on average. Physical exam was remarkable for amputation of all four fingers of the right hand at the metacarpal phalangeal joints with scarring and tenderness to palpation. The physician noted allodynia, hyperalgesia, some edema, decreased range of motion but no temperature or color changes in the amputation stump. The physician noted that he had been trying to find the injured worker a psychiatrist for at least a year. The physician noted that the injured worker suffered from posttraumatic stress disorder and ongoing sleep disturbances. The treatment plan included a trial of Seroquel and prescriptions for LidoPro ointment and Lyrica. On 7-31-15, Utilization Review noncertified a request for Lidopro ointment and Seroguel 50 mg citing CA MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro 4%.27.5%/0.0325% 2g topical ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Lidopro contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of at an attempt of trial with a 1st line agent. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain. 4) Menthol: There is no data on Menthol in the MTUS. Lidopro is not medically necessary.

**Seroquel 50mg #28:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress: Quetiapine (Seroquel).

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, this is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for most conditions related to occupational injury. Seroquel is not medically necessary.