

<b>Case Number:</b>	CM15-0178247		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Physical Medicine & Rehabilitation

### 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 57 year old female who sustained an industrial injury on 11-18-2013. According to a progress report dated 08-08-2015, the injured worker reported low back pain that was described as constant and sharp to dull and radiated down the bilateral lower extremity. Associated symptoms included numbness and tingling sensation. Pain was worse with activity, prolonged standing, sitting and bending. Her daughters helped with activities of daily living. Cervical pain was constant and rated 8 on a scale of 1-10 in severity and radiated to the bilateral upper extremities. Pain was associated with numbness and tingling sensation and occasional headaches. Pain was worse with cold weather and activity. Pain was improved with medications, TENS unit and topical icy hot gel. Mood was stable. Coping was poor. She was depressed about changes since her injury. Crying spells and increased anxiety at times was noted. Since starting Gabapentin some loss of appetite was noted. Objective findings included tenderness to palpation, decreased sensation in right lower extremity, weakness in bilateral lower extremity, lumbar vertebral spine tenderness, paraspinal tenderness, cervical paraspinal muscle tenderness and vertebral spine tenderness. Diagnoses included chronic pain syndrome, lumbosacral joint ligament sprain strain, myofascial pain, cervical sprain strain neck and thoracic sprain strain. The treatment plan included authorization request for Lidopro topical analgesic cream. Prescriptions refilled included Gabapentin, Cyclobenzaprine, Omeprazole and TENS patches. Electrodiagnostic testing was pending. The injured worker was to remain off work until 09-08-2015. An authorization request dated 08-08-2015 was submitted for review. The requested services included Lidopro creams, TENS patch, Gabapentin, Omeprazole and Cyclobenzaprine. On 08-14-2015, Utilization review non-certified the request for prospective usage of Lidopro cream 120 ml and retrospective usage of Lidopro cream (date of service 8-8-15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Prospective usage of Lidopro cream 120ml: 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:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Prospective usage of Lidopro cream 120ml is not medically necessary and appropriate.

### **Retrospective usage of Lidopro cream (DOS 8-8-15): 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:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Retrospective usage of Lidopro cream (DOS 8-8-15) is not medically necessary and appropriate.