

<b>Case Number:</b>	CM15-0069778		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Ohio, North Carolina, Virginia  
 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 55 year old female, who sustained an industrial injury on 10/15/2013. She has reported subsequent neck and upper extremity pain and was diagnosed with fracture of the radius with ulna, left shoulder large full-thickness supraspinatus tendon tear, right de Quervain's, cervical strain and cervical radiculitis. Treatment to date has included oral and topical pain medication, physical therapy and surgery. In a progress note dated 02/27/2015, the injured worker complained of left hand and wrist pain with burning and throbbing. Objective findings were notable for decreased flexion and extension of the left wrist, weakness with resistive flexion and extension and tenderness to palpation of the radial and cubital aspects of the distal forearm. A request for authorization of Lidopro cream was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO CREAM (CAPSAICIN, LIDOCAINE, MENTHOL, AND METHYL SALICYLATE) 121GM #1 DOS 1-16-15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** The referenced guidelines state that any compound containing one non-recommended ingredient is itself not recommended in its entirety. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Lidocaine Indication: Neuropathic pain 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 lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. 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. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In this instance, the injured worker has osteoarthritis of the hand and evidence of localized neuropathic pain in the form of carpal tunnel syndrome. De Quervain's tenosynovitis is said to be present as well. The injured worker has been prescribed Lidopro since at least 1-13-2015. Topical NSAIDs such as methyl salicylate are indicated for osteoarthritis for up to 12 weeks for osteoarthritis. The submitted medical record does not indicate that an anti-epileptic drug or an anti-depressant had been tried and failed previously for neuropathic pain. The lidocaine portion of Lidopro is not in patch form. Lidopro cream therefore contains two components without clear support from the cited guidelines, namely lidocaine and methyl salicylate. Therefore, Lidopro cream #121 grams is not medically necessary.