

<b>Case Number:</b>	CM15-0070888		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: North Carolina

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 47-year-old male who sustained an industrial injury on 4/28/2012. His diagnoses, and/or impressions, are noted to include: left Achilles tendonitis and calcaneal spur, exostosis - unspecified site; bilateral medial epicondylitis; repetitive strain injury; mild bilateral carpal tunnel syndrome; right lateral epicondylitis; cervicgia/neck pain; and non-industrial and asymptomatic hypertension. No current imaging studies or electrodiagnostic studies are noted. His treatments have included a qualified medical examination; left foot/ankle surgery (6/17/14); physical therapies; acupuncture treatments - ineffective; chiropractic treatments; trans-cutaneous electrical nerve stimulation therapy; ice therapy; use of crutch; a rest from work status post surgery, otherwise a return to full duty work; home exercise program; and medication management. The history notes bilateral elbow and ankle pain as well as the use of a Lidoderm patch to the medial epicondyle to help with pain. The progress notes of 3/18/2015 reported continued insomnia due to neck and arm pain; radiating neck pain into both arms, right > left; right versus bilateral shoulder pain into both elbows; and that her pain, and activities of daily living, are helped with as-needed medications and trans-cutaneous electrical nerve stimulation unit therapy. Objective findings were noted to include moderate, posterior neck tenderness; mildly tender bilateral shoulders with normal but painful range-of-motion; no decreased motor or sensory to the hands; and compliance to his work restrictions. The physician's requests for treatments were noted to include an appeal for the Lidopro cream and Tramadol; and for Cymbalta and Nortriptyline. The physician stated that he will appeal the Lidopro cream, but don't feel Nortriptyline is best, rather will order Cymbalta daily.

## 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 Topical Analgesics.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.