

<b>Case Number:</b>	CM15-0078380		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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:

The injured worker is a 64 year old female, who sustained an industrial injury on November 3, 2008. The injured worker was diagnosed as having cervical pain with referred pain in the upper extremities due to tight musculature and muscle spasms, discogenic cervical condition with C4-C7 foraminal narrowing, bilateral shoulder pain with left shoulder impingement syndrome, and bilateral carpal tunnel syndrome seen on electrodiagnostic study. Treatment to date has included MRIs, ice/heat, bracing, physical therapy, right carpal tunnel decompression, x-rays, TENS, and medication. Currently, the injured worker complains of wrist joint pain, intermittent numbness and tingling in the hands and fingers, and right arm, and radiation of pain down the upper extremity. The Primary Treating Physician's report dated February 18, 2015, noted fluoroscopy done in January revealed ulnar neutral variance. Physical examination was noted to show tenderness along wrists, CMC, and first extensor along the dorsum of the wrists, with mild weakness to grip strength bilaterally, and a positive Tinel on the elbow at the ulnar nerve with tetanus on the wrist on the right side. A MRI of the right shoulder was noted to show tetanitis, and a MRI of the left was noted to show acromionally. Previous x-rays of the wrist were noted to show no major arthritis. The treatment plan was noted to include recommendation for physiatry for her neck, received a carpal tunnel brace on the right, a soft brace for both upper extremities, and neck traction with air bladder. The injured worker was also noted to be receiving Nalfon, Protonix, Neurontin, Flexeril, Tramadol ER, and Lidopro cream, with request for authorization of the medications, physiatric consultation for the neck, and a 4-lead TENS unit with garment.

Fluoroscopy was performed, showing spurring anteriorly at C4-C5 and wear of the disc along the lower spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidopro Cream 1-Bottle (Retrospective DOS: 2/18/15): Upheld**

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

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

**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 failure of first line medications. 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. Pt is on it chronically. Not medically recommended. 4) Menthol: There is no data on Menthol in the MTUS. Multiple drugs are not recommended, the combination medication, Lidopro is not medically necessary.