

<b>Case Number:</b>	CM15-0090840		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	12/13/2007
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 43 year old female, who sustained an industrial injury on December 13, 2007. The injured worker was diagnosed as having chronic pain syndrome, lumbosacral or thoracic neuritis or radiculitis, osteoarthritis, patellofemoral syndrome and sacroiliac ligament sprain/strain. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, x-rays and medication. A progress note dated April 14, 2015 the injured worker complains of back and knee pain rated 6/10. She reports pain radiates to left leg with numbness. Physical exam notes no change from previous visit. Previous visits dating to February list physical exam as unchanged. X-ray of the knee was reviewed as being unremarkable. The plan includes magnetic resonance imaging (MRI), Lidopro cream, functional restoration program and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 120 ml:** 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.

**Decision rationale:** MTUS notes topical NSAIDS and other agents are 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) NSAID cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. There is no indication of a neuropathic pain condition. As such the medical records provided for review do not support use of topical cream congruent with MTUS guidelines, and therefore the treatment is not medically necessary.