

<b>Case Number:</b>	CM14-0141628		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 01/07/2013. The mechanism of injury reportedly occurred when he was moving a concrete wall and 20 pound rocks fell on him. His diagnoses included status post left carpal tunnel release surgery, left shoulder subacromial bursitis and impingement, left shoulder symptomatic AC joint degenerative disc disease, left wrist flexor tendon tenosynovitis, and anterior -inferior labral tear of the left shoulder. The past treatments included medications, home exercise, surgery, 16 chiropractic visits, and 4 physical therapy sessions. His diagnostic exams consisted of an MRI to the lumbar, cervical and thoracic spine, nerve conduction studies, and X-rays of the left shoulder. His surgical history included a left carpal tunnel release in 2013. On 06/10/2014, he complained of left shoulder and left wrist pain. He rated his shoulder pain at 2/10 and his left wrist pain was very rare. The physical exam determined there was decreased range of motion to the left shoulder and left wrist. The injured worker stated that he felt much better and that his pain was minimal. His mediations included Lidopro Topical Ointment. The treatment plan consisted of continuation of the home exercise program and the use of Lidopro topical ointment. The requested treatment was for Lidopro Topical Ointment. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 07/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Topical ointment:** 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 request for Lidopro Topical Ointment is not medically necessary. The active ingredients in Lidopro are Capsaicin 0.0325%, Lidocaine HCL 4%, Menthol 10%, and Methyl Salicylate 27.5%. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is indicated for osteoarthritis, fibromyalgia and chronic low back pain. The guidelines recommended it only as an option in injured workers who have not responded to or are intolerant to other treatments. Lidocaine is recommended for neuropathic pain. However, the only commercially approved topical formulation of lidocaine is Lidoderm. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. Methyl Salicylate is recommended. Based on the clinical notes, the injured worker had a diagnosis of left shoulder impingement. The injured worker had functional improvement and reported minimal pain with other treatments. For this reason, the use of capsaicin would not be supported. In regards to Lidocaine, the guidelines do not support the use of topical lidocaine unless it is in a dermal form. Due to this statement, lidocaine is not supported. The guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended and thus not supported. In addition, the submitted request does not specify the frequency, quantity, or site of application. Therefore, due to lack of documentation indicating neuropathic etiology, lack of evidence that indicated the injured worker did not respond to other treatments, and lack of support from the guidelines, the request for Lidopro Topical Ointment is not medically necessary.