

<b>Case Number:</b>	CM14-0153053		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/21/2008
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 and Rehabilitation and is licensed to practice in California. 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:

This 59 year-old patient sustained an injury on 10/21/08 while employed by [REDACTED]. Request(s) under consideration include Retro request Lidopro (unknown duration and frequency dispensed on 6/12/14). Diagnoses include bilateral hand arthralgia s/p right CTR on 7/12/12 and s/p appendectomy on 1/23/12. Conservative care has included medications, therapy, and modified activities. Medications list Tramadol, Prilosec, Diclofenac/ Voltaren, Elavil, and LidoPro cream. Report of 6/13/14 from the provider noted the patient with ongoing chronic neck and bilateral hand pain awaiting authorization for chiropractic treatment. The patient last worked on 7/8/10. Exam showed patient wearing right wrist brace; minimally antalgic gait; motor strength of 4/5 in bilateral upper extremities; healed incisions over left knee, lateral elbow and palmar left hand. Treatment included physical therapy/chiropractic care and refill of meds. The request(s) for Retro request Lidopro (unknown duration and frequency dispensed on 6/12/14) was non-certified on 8/30/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Lidopro (unknown duration and frequency dispensed on 6/12/14):** 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:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal neck and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2008 without documented functional improvement from treatment already rendered. The Retrospective request for Lidopro (unknown duration and frequency dispensed on 6/12/14) is not medically necessary and appropriate.