

<b>Case Number:</b>	CM14-0205525		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/01/2002
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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: New York, West Virginia, Pennsylvania  
 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 58 year old male, who sustained an industrial injury on 8-1-2002. The injured worker is undergoing treatment for: pain to the neck and bilateral shoulders. On 10-1-14, and 10-27-14, he reported his pain to the neck and bilateral shoulders to be unchanged. He also indicated having headaches, difficulty sleeping, and numbness and tingling in his arms. Objective findings revealed his blood pressure was 139 over 75, pulse 63, tenderness of the neck and trapezius bilaterally, and decreased neck range of motion. The treatment and diagnostic testing to date has included: medications, TENS, right shoulder surgery (date unclear), cervical spine surgery (date unclear). Medications have included: Flexeril, norco, lidopro lotion. Current work status: not currently working. The request for authorization is for: compound medication lidopro lotion. The UR dated 11-10-2014: non-certified the request for compound medication lidopro lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Lotion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, Lidopro contains several drugs that are not recommended for topical use. The request for topical Lidopro is not medically appropriate and necessary.