

<b>Case Number:</b>	CM13-0035373		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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.

### 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 patient is a 31-year-old female who reported an injury on 08/17/2010; the mechanism of injury was not provided. The patient was noted to be diagnosed with a lumbar spine L5-S1 injury status post laminectomy, discectomy and attempted fusion without success with recurrent retrolisthesis and left greater than right stenosis and persistent radiculopathy, left greater than right, and bilateral neuropathy, motor and sensory. The patient was noted to have persistent pain in the lumbar spine and the left leg. The patient was noted to have decreased range of motion and hypoesthesias on the right at S1. The request was made for LidoPro topical ointment 4 oz and "Ducopene" 100 mg #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro topical ointment 4 ounces:** 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 Salicylate, Topical Analgesic Capsaicin & Lidocaine Section.

**Decision rationale:** Per drugs.com, LidoPro is a topical analgesic containing Capsaicin, Lidocaine, Menthol and Methyl Salicylate. However, the California MTUS addresses the components of Terocin. It states that topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains

at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) indicated for neuropathic pain". The California MTUS Guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to the guideline recommendations. Given the above, the request for LidoPro topical ointment 4 oz is not medically necessary.

**Ducopene 100mg #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Initiating Therapy Page(s): 77.

**Decision rationale:** The California MTUS Guidelines indicate that when starting opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review failed to indicate that the patient had subjective complaints or signs and/or symptoms to support the side effect of constipation from the opioid therapy. The patient's injury was 08/17/2010 and the opioids were not recently added. Given the above, the request for "Ducopene" 100 mg #1 is not medically necessary.