

<b>Case Number:</b>	CM13-0040273		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/11/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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:

The injured worker is a 41-year-old male who reported an injury on 05/01/2012 due to a motor vehicle accident which reportedly caused injury to his neck and low back. The injured worker's treatment history included physical therapy, multiple medications, and chiropractic care. The injured worker was evaluated on 09/24/2013. It was documented that the injured worker had neck and back pain rated at a 7/10 to 8/10 that caused difficulty with sleeping. It was documented that the injured worker was taking 3 Norco per day; however, this was upsetting his stomach. It was also documented that the injured worker also had a history of unmanageable side effects with the use of Vicodin. Physical findings included limited cervical and lumbar range of motion secondary to pain with decreased sensation in the C5, L4, L5, and S1 dermatomes. The injured worker's diagnoses included degenerative disc disease of the cervical spine, degenerative disc disease of the thoracic spine, degenerative disc disease of the lumbar spine, and left sacroiliac joint dysfunction. The injured worker's treatment recommendations included LidoPro topical ointment and continued chiropractic and acupuncture treatments. It was documented that the injured worker was prescribed LidoPro cream to decrease pain, increase function, and decrease oral medications due to unmanageable side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO TOPICAL OINTMENT 4OZ:** 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:** The requested medication is a compounded topical agent that contains menthol, methyl salicylate, Capsaicin, and Lidocaine. California Medical Treatment Utilization Schedule does recommend the use of menthol and methyl salicylate in the management of osteoarthritic pain. The California Medical Treatment Utilization Schedule recommends that Capsaicin be used when other first line treatments to manage chronic pain have failed to provide any significant relief. The clinical documentation does indicate that the injured worker has unmanageable side effects with multiple types of medications. Therefore, the use of Capsaicin would be supported. However, the requested medication includes Lidocaine in a cream formulation. The California Medical Treatment Utilization Schedule does not support the use of Lidocaine in a cream formulation as it is not FDA approved to treat neuropathic pain. The California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not supported is not recommended. Also, the request as it is submitted does not provide a frequency, dosage, or body part. As such, the request for LidoPro topical ointment, 4 oz is not medically necessary or appropriate.