

<b>Case Number:</b>	CM13-0047261		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/07/2006
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Internal Medicine and Pulmonary Disease 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 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. 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 patient is a 54-year-old female who reported injury on 02/07/2006. The mechanism of injury was not provided. The patient was noted to be taking LidoPro cream to decrease pain and improve function. It was further indicated that the medications that were contained in the LidoPro cream were FDA approved for neuropathic pain and would help the patient avoid and limit narcotic use. Objectively, the patient was noted to be in no acute distress. The patient diagnoses were noted to include status post posterior spinal fusion with transforaminal lumbar interbody fusion at L4-5 and L5-S1 on 03/19/2013, microlumbar decompression left L5-S1 in 2004, cervical fusion C4-5 and C5-6 in 2009, and cervical and lumbar radiculopathy. The request was made for LidoPro topical ointment #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro topical ointment #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesic; Lidocaine Page(s): 105, 111, 112.

**Decision rationale:** The California MTUS addresses the components of LidoPro. 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: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine... Lidoderm... No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / Lidocaine / menthol / methyl Salicylate. The clinical documentation submitted for review indicated that the patient required the medication to decrease the pain and improve function and the medications were FDA approved for neuropathic pain. Lidocaine is not recommended as a topical form except in the form of Lidoderm topical patches. Additionally, there was a lack of documentation of objective functional benefit as well as objective pain relief. Given the above, the request for LidoPro topical ointment #1 is not medically necessary.