

<b>Case Number:</b>	CM13-0048707		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 27 year old male with date of injury of 4/2/2012. A review of the medical records indicate that the patient is undergoing treatment for chronic compression of T6-T8 fracture, facet arthropathy of the lumbar spine, herniation of the thoracic and lumbar spine. Subjective complaints include low back pain 7/10 with radiation of pain and numbness down both legs into the feet. Objective findings include tenderness to palpation of the lumbar paraspinals. Range of motion of the lumbar spine is decreased. Treatment has included partial laminectomy L5-S1 and microlumbar decompression and herniated nucleus pulposus of the thoracic spine. His medications include Norco, Flexeril and Lidopro ointment. He is also getting chiropractic treatment two times/week. The utilization review dated 10/28/2012 no medical necessity of Lidopro Topical Ointment 4 oz.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) 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 Capsaicin, Salicylate, Topical analgesic Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain, Capsaicin topicals, Salicylate topicals, Topical analgesics.

**Decision rationale:** Lidopro is a topical medication containing Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. The MTUS recommends capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Additionally, salicylates are recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. As such, the request for one Lidopro Topical Ointment 4OZ is not medically necessary.