

<b>Case Number:</b>	CM13-0066112		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	07/01/2004
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Occupational Medicine 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 patient submitted a claim for right foot pain with an industrial injury date of July 1, 2004. Treatment to date has included TENS unit and medications, including LidoPro cream (since September 2013). Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent right foot pain, 6-9/10 without medications, and 2-3/10 with medications. He also had difficulty with uneven surfaces but was able to do work around his house. The patient also reported numbness and tingling. On physical examination, there was tenderness of the foot along the talonavicular joint as well as mild swelling across the ankle joint. There was also mild tenderness along the plantar fascia. Utilization review from December 3, 2013 denied the request for LidoPro cream 4 ounces QTY: 1.00 because guidelines state that topical Lidocaine is not recommended for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO CREAM 4 OZ:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** According to pages 111-113 of the Chronic Pain Medical Treatment Guidelines, lidocaine (in creams, lotions, or gels) and capsaicin in a 0.0375% formulation are not recommended for topical applications. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. Furthermore, the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, the patient was being prescribed LidoPro cream since September 2013. However, there was no discussion regarding the indication for the use of this medication despite not being recommended by guidelines. Moreover, the specific therapeutic goal for using LidoPro cream was not indicated in the medical records. Therefore, the request for LidoPro Cream 4oz is not medically necessary and appropriate.