

<b>Case Number:</b>	CM13-0068410		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/06/2009
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Internal Medicine, has a subspecialty in 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 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 is a 42-year-old male who reported an injury on 06/06/2009. The mechanism of injury was not provided for review. The patient's treatment history included multiple medications, physical therapy, a home exercise program, TENS unit, and psychiatric support. The patient's most recent clinical evaluation documented that the patient had continued low back pain radiating into the right lower extremity, with tenderness to palpation of the right knee, lumbar spine, and decreased sensation in the right lower extremity. The patient's diagnosis included right meniscus tear status post surgical intervention, lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, myofascial pain, obesity, lumbar radiculopathy, and testicular pain. The patient's treatment plan included continuation of LidoPro ointment usage, continuation of a home exercise program in combination with a TENS unit, and continuation with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO OINTMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested LidoPro ointment is not medically necessary or appropriate. The requested compounded agent contains capsaicin, lidocaine, menthol, and methyl salicylate. California Medical Treatment Utilization Schedule recommends the use of capsaicin as a topical agent when the patient has failed to respond to all other first-line treatments. The clinical documentation submitted for review fails to provide any evidence that the patient has failed to respond to other first-line medications to include anti-consultants and antidepressants. Additionally, California Medical Treatment Utilization Schedule does recommend the use of menthol and methyl salicylate for relief of osteoarthritic pain. The clinical documentation submitted for review does not provide any evidence that the patient has osteoarthritic-related pain. California Medical Treatment Utilization Schedule does not recommend the use of lidocaine as a cream formulation, as it is not FDA-approved to treat neuropathic pain. California Medical Treatment Utilization Schedule states that any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested LidoPro cream is not medically necessary or appropriate.