

<b>Case Number:</b>	CM13-0068655		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/02/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/25/2013
<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 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 is a 30 year old male who was injured on 09/02/2012 while he was making dough, he twisted and he started to notice discomfort in the low back area. Prior treatment history has included chiropractic treatment, medications, and a TENS unit which helped with the ongoing symptoms. PR2 dated 11/18/2013 states the patient presents with no new problems. His review of systems is noncontributory. He is taking Naprosyn, Prilosec, and topical cream. On examination, his reflexes are normal. He has a normal gait. His strength is 5/5 and tenderness is noted over the left lower facet joints. Diagnoses are lumbosacral of thoracic neuritis or radiculitis; lower back pain; lumbar facet syndrome; knee pain; lumbar radiculopathy; and myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO 121 GM X 1:** 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): 111-113.

**Decision rationale:** Lidopro has active ingredients of Capsaicin 0.325%, Lidocaine 4.5%, Menthol 10% and Methyl Salicylate 27.5%. The CPMTG states topical analgesics are largely experimental and "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no indication in the records provided that the patient has failed trials of antidepressants or anticonvulsants. Further, the guides state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The active ingredients in Lidopro include Lidocaine, which is only recommended in the form of a patch and not as a cream or gel. Further, topical NSAIDs are recommended only for short-term use and not for the spine. Medical necessity is not established.