

<b>Case Number:</b>	CM13-0069834		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/10/2004
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 38-year-old female who reported an injury on 06/10/2004. The mechanism of injury was not provided. The patient's diagnoses were noted to include lumbar sprain and strain and knee pain. The documentation of 10/04/2013 revealed that the patient had no side effects and the medications were to be refilled. It was also documented that the patient had tenderness to palpation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO CREAM 121GM:** 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 Page(s): 28, 105, and 111-112. Decision based on Non-MTUS Citation drugs.com

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. With regards to Lidocaine/Lidoderm, there are no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) that are indicated for neuropathic pain. The 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 failed to provide that the patient had documented neuropathic pain and that the patient had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating the patient had not responded or was intolerant of other treatments. Therefore, the requested LidoPro cream is not medically necessary or appropriate.