

<b>Case Number:</b>	CM13-0072437		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	11/20/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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:

This is a 43-year-old male with a 11/15/13 date of injury. In a progress report dated 11/15/13, the patient was having ongoing low back pain with radiating numbness and tingling down his right leg, extending to the foot. Pain was rated at 7/10. Since his last visit, the patient reported his condition to be the same, with no significant change. Objective findings: tenderness to palpation of the lumbar spine extending into the bilateral paraspinal region, decreased sensation in a L5 and S1 dermatome, straight leg raise on the right side causes pain to the extended calf, positive slump test bilaterally. Diagnostic impression: right lumbar radiculopathy, bilateral L5 pars fractures, HNP at L4-5. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 12/18/13 denied the request for Lidopro. One of the components of Lidopro is Lidocaine. Guidelines suggest that if one of the components of the compound is not indicated, the topical ointment is not recommended. With regard to Lidocaine, the guidelines support it only for neuropathic pain, such as diabetic neuropathy, as a local anesthetic. From the records provided, it does not appear that the patient's pain is of neuropathic origin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Lidopro Topical Ointment 4 OZ, #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 Page(s): 25, 28, 111-113.

**Decision rationale:** Lidopro topical ointment is composed of capsaicin, Lidocaine, menthol, and methyl salicylate. California MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of many of these agents as topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In particular, Lidocaine in a topical ointment form is not recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. A specific rationale identifying why LidoPro would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for 1 Prescription Of Lidopro Topical Ointment 4 oz, #1 was not medically necessary.