

<b>Case Number:</b>	CM14-0004537		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	04/28/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Anesthesiology, 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 52-year-old female who has submitted a claim for neck and low back pain, associated with an industrial injury date of April 28, 2011. Medical records from 2012 through 2014 were reviewed. The latest progress report, dated 12/30/2013, showed persistent neck pain and back pain with radiation of pain to left leg up to foot. Physical examination of the lumbar spine revealed normal gait but decreased range of motion. There was tenderness in bilateral cervical area. There was decreased sensation of C7 dermatome on the right, C8 dermatome on the left, L4, L5, and S1 dermatomes. Treatment to date has included ACDF (04/26/2011), acupuncture, physical therapy, trigger point injection and medications. A utilization review from 12/17/2013 denied the request for the purchase of Lido pro-topical ointment 4oz because the current guidelines stated that it was largely experimental in use with few randomized controlled trials to determine the efficacy or safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDO PRO-TOPICAL OINTMENT 4 OZ.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates

**Decision rationale:** Lidopro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. According to pages 111-113 of the MTUS Chronic Pain Guidelines, lidocaine (in creams, lotion or gels) is not recommended for topical applications. The compound lidocaine does not show consistent efficacy. Regarding the menthol and methyl salicylate components, the ODG issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol and methyl salicylate were applied. The Capsaicin component is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical Capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In this case, the rationale of using a topical ointment is to reduce the pain and to decrease the need for oral medications. However, the MTUS Chronic Pain Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Lidopro ointment contains drug components that are not recommended for topical use. Therefore, the request is not medically necessary.