

<b>Case Number:</b>	CM14-0005447		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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, has a subspecialty in Pain Management 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:

Patient is a 64-year-old-male who has submitted a claim for osteoarthritis of bilateral hands, lateral epicondylitis of bilateral elbows, carpal tunnel syndrome of bilateral hands, plantar fasciitis of left heel associated with an industrial injury date of 12/16/2013. Medical records from 2013 were reviewed which revealed persistent pain in both elbows, wrists and hands. Self-care activities are done slowly due to pain. He can reach and grasp something off a shelf at chest level with some difficulty and off a shelf overhead with a lot of difficulty. His sleep is slightly disturbed. Current pain scale is 4/10. Physical examination of bilateral shoulder showed no tenderness. Range of motion is at 180 degrees with full flexion bilaterally, extension at 50 degrees, abduction at 180 degrees, adduction at 50 degrees and internal and external rotations at 90 degrees. Bilateral wrists and hands have tenderness over the MP joint of the index and ring fingers bilaterally. Range of motion is at 60 degrees flexion, extension at 40 degrees, radial deviation at 20 degrees and ulnar deviation at 30 degrees. Tinels and Finkelstein were negative bilaterally. Impingement test was positive. Motor strength is good. Xrays of hands done on 12/9/11 showed marked joint space loss of left 3rd MCP and diminished right 2nd and 3rd MCP joints. Treatment to date has included, physical therapy sessions and injections to left 3rd, right 2nd and 3rd MCP. Medications taken were Tylenol and Nabumetone 500mg. Utilization review from 12/16/13 denied the request for Lidopro ointment because guidelines do not recommend the use of topical analgesics unless there is documentation of failed trial of first line of therapy. Patient's records did not establish the need for Lidopro ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS X 1: LIDOPRO OINTMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, §9792.24.2, Page(s): 28, 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Lidopro Ointment contains 4 active ingredients; Capsaicin in a 0.0325% formulation, Lidocaine in a 4.5% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 27.5% formulation. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topical are significantly better than placebo in chronic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for Lidopro Ointment #1 is not medically necessary.