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| <b>Case Number:</b>   | CM14-0009750 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 01/08/2010 |
| <b>Decision Date:</b> | 06/25/2014   | <b>UR Denial Date:</b>       | 01/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/24/2014 |

### 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 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 37-year-old male who has submitted a claim for low back pain, left knee pain, and left foot pain, associated with an industrial injury date of January 8, 2010. The medical records from 2012 through 2014 were reviewed. The latest progress report, dated 02/03/2014, showed persistent low back pain, left knee pain, and left foot pain. The patient was restricted to his daily activities doing only limited chores around the house. A physical examination revealed tenderness along the lumbar paraspinal muscles bilaterally. Tenderness was noted along the left knee and left ankle with satisfactory motion for both. The treatment to date has included physical therapy, aqua therapy, TENS, and medications. The utilization review from 01/09/2014 denied the request for the purchase of Lidopro lotion, because the requested compounded topical analgesic was not medically warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF LIDOPRO LOTION 4 OZ: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate

**Decision rationale:** Lidopro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. The Chronic Pain Guidelines indicate that lidocaine (in creams, lotion or gels) is not recommended for topical applications. The compound lidocaine does not show consistent effectiveness. The Official Disability Guidelines issued an FDA safety warning, which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin was applied. In this case, the medical review of the patient revealed that the patient has been on the said topical lotion since 2013. The rationale of using a topical cream is to reduce the pain and decrease the need for oral medications. However, the guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Lidopro lotion contains drug components that are not recommended for topical use. Therefore, the request for the purchase of Lidopro lotion 4oz is not medically necessary.

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