

<b>Case Number:</b>	CM14-0102627		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/09/1994
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 62 year old female with a reported date of injury of 10/09/1994. Her diagnoses include chronic neck pain, low back myofascial pain, herniated nucleus pulposus of the cervical spine, and status post low back surgery. Past treatment for pain has included surgery and pain medication. An MRI dated 01/10/2009 revealed C4-C5 annular tear and C5-6 disc protrusion with nerve root compromise on the left. The injured worker had low back surgery in 1998. The noted subjective complaints included neck and mid low back pain, rated 06/10. The physical examination revealed tenderness to palpation of the cervical, thoracic, and lumbar spine and decreased range of motion in all planes of the cervical spine and lumbar spine. There was also decreased strength to -5/5 in left lower extremity, decreased sensation in a left L4 through S1 distribution, and a positive straight leg raise. The injured worker's medication list included Duragesic patch 75mcg every 48 hours as needed, Gabapentin 300mg three times a day, and Lidopro. The treatment plan was to continue Lidopro. The rationale for the request and the request for authorization for were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Topical Ointment:** 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): 111-112.

**Decision rationale:** The injured worker has a history of chronic neck pain and low back myofascial pain. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro cream contains Capsaicin 0.0325%, Menthol 10%, Lidocaine 4.5% and Methyl Salicylate 27.5%. In regard to capsaicin, the California Medical Treatment Utilization Schedule (MTUS) Guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The proposed cream contains a 0.0375% formulation of capsaicin which is not supported. In regard to lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic other than Lidoderm brand patches. Therefore, as the request topical compound contains non-approved formulation of lidocaine, and 0.0375% capsaicin, which are not supported by the guidelines, the compound is also not supported. Additionally, the dose, quantity, and frequency for the proposed medication were not provided. As such Lidopro Topical Ointment is not medically necessary.