

<b>Case Number:</b>	CM14-0014080		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Tennessee. 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 54-year-old male with a 2/25/13 date of injury. The mechanism of injury was not provided. According to a 12/11/13 progress note, the patient said that because of his left ankle pain, the pain has shifted to his right leg as he is bearing more weight on that side and also has increased low back pain. Objective findings: antalgic gait, cannot bear full weight on his left ankle, lumbar flexion 30 degrees, extension 20 degrees, and lateral tilting 10 degrees bilaterally, tenderness along the wrist. Diagnostic impression: fracture to talus and fibula, ulnar impaction syndrome of the left, discogenic lumbar condition with facet inflammation and radiculopathy, patellofemoral inflammation on the left. Treatment to date: medication management, activity modification, physical therapy, aquatic therapy, surgery. A UR decision dated 1/6/14 denied the request for LidoPro lotion. According guidelines, oral pharmaceuticals are the first line palliative method. In this case, the claimant is using numerous first line oral agents without any seeming difficulty, impediment, and/or impairment effectively obviating the need for the proposed topical compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO LOTION 4 OUNCES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine in a topical lotion 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 LidoPro lotion 4 ounces was not medically necessary.