

<b>Case Number:</b>	CM14-0016604		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Family Practice 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:

This is a 30-year-old male claimant sustained a work injury on 2/9/12 resulting in chronic back pain and a diagnosis of lumbar radiculopathy and lumbar stenosis. He has been taking Norco for pain, Norflex for spasm, and applying topical Terocin cream for pain. An exam note on 10/10/13 indicated the claimant had 7/10 pain with exam findings including paraspinal muscle spasms and limited range of motion of the lumbar spine. The claimant was given LidoPro Ointment along with the prior medications and continuation of a transcutaneous electrical nerve stimulation (TENS) unit to manage his symptoms. A follow-up exam on 12/5/13 indicted continued 7/10 pain with some relief with electrical stimulation. The exam findings were similar to October 2013 and he was continued on the LidoPro since it was helping his pain level and sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDOPRO TOPICAL OINTMENT 4OZ, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 105, 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** Per MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\hat{I}^3$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The MTUS guidelines also stated that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors (SNRIs), antidepressants or an anti-epileptic drugs (AEDs) such as gabapentin or Lyrica). In this case there is no documentation for failure of an serotonin-specific reuptake inhibitor (SSRIs) or tricyclic. Based on the above, the claimant has used the LidoPro for several months. As such, the request for LidoPro is not medically necessary unless there is documented failure of an SSRI or tri-cyclic medication.