

<b>Case Number:</b>	CM14-0018509		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 & Rehabilitation 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 57 year-old patient sustained a repetitive cumulative trauma injury on 8/19/12 while employed by the [REDACTED]. Request(s) under consideration include Lidopro topical ointment 4 oz #1. Report of 12/13/13 from the provider noted the patient with complaints of back, knee, and hip pain. Exam showed decreased sensation at right L4, L5, and S1; pain with hip range of motion with 4-5/5 strength. Diagnoses include lumbar sprain/strain and radiculopathy. Treatment included chiropractic care, orthopedic consult, and LidoPro topical analgesic cream. Request(s) for compound Lidopro topical ointment 4 oz. #1 was non-certified on 1/30/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-INFLAMMATORY MEDICATIONS, 22, 67-68

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL ANALGESICS, 111-113

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided on how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The Lidopro topical ointment 4 oz. #1 is not medically necessary and appropriate.