

<b>Case Number:</b>	CM14-0135417		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	09/11/1997
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Illinois. 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 55 year old female who reported a work related injury on 09/11/1997. The mechanism of injury was not provided in the documentation. The diagnoses consist of cervical disc degeneration, multilevel stenosis, and cervical radiculopathy. The injured worker previously received occupational therapy 2 times a week for 6 weeks and medication for treatment. The surgical history and diagnostic testing were not provided for review. Upon examination on 05/30/2014, the injured worker complained of aching left sided neck pain that radiated down to the left arm into the wrist. She rated the pain 4 out of 10 on a VAS pain scale. It was also noted that she had been experiencing some left hip discomfort that she attributed to her increase in activity. The objective findings revealed tenderness to palpation of the cervical spine with spasms noted in her left trapezius region. Prescribed medications include Norco, Tramadol, and Terocin cream. The treatment plan included occupational therapy and Lidopro, the rationale for this request was to decrease potential gastrointestinal irritation from oral medications, decrease reliance on oral medications with potential addictive qualities. The request for authorization for was submitted for review on 5/30/2014.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The request for LidoPro Topical ointment 4 oz is not medically necessary. The California MTUS does not recommend any compounded product that contains at least one drug or drug class that is not recommended. Lidopro contains lidocaine, capsaicin, menthol, and methyl salicylate. In regard to topical lidocaine, the formulation of the brand Lidoderm patch is the only formulation recommended, and there are no other commercially approved topical formulations of lidocaine indicated for neuropathic pain. Capsaicin, is only recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, the guidelines specify that topical NSAIDs have not been evaluated for the treatment of conditions of the spine. Salicylate topicals are recommended as they have been shown to be better than placebo for chronic pain. However, the cream requested is compounded with more than one drug that is not recommended for topical use. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request for LidoPro is not medically necessary.