

<b>Case Number:</b>	CM14-0137259		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/07/1997
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Medicine and is licensed to practice in New Jersey. 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 worker is a 66 year old female who was injured on 8/7/1997. She was diagnosed with lumbar pain with radiculopathy, epicondylitis, right knee degenerative joint disease, and cervical radiculopathy. She was treated with oral and topical medications, spinal cord stimulator, physical therapy, cane, TENS unit, surgery (lumbar), and steroid injections. On 6/24/2014, the worker was seen by her primary treating physician complaining of her back and right leg pain, rated at 10/10. She reported numbness and tingling into her legs (right more than left). She reported using Norco, Trazodone, Norflex, Effexor, and Zofran. She also reported having frequent falls. Physical examination revealed decreased motion of her cervical, thoracic, and lumbar spines, decreased C5, C6, C7, C8, L3, L4, L5, and S1 dermatomes sensation, and positive straight leg raise. She was then recommended to continue her then current medications and start LidoPro cream for her neuropathic pain. Then shortly afterwards, on 7/8/2014, the worker was again seen by her primary treating physician with her pain rated at 10/10 on the pain scale again as before. No specific report on if the LidoPro was helpful was found in the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** LidoPro is a topical combination analgesic medication ointment which includes capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Chronic Pain Guidelines state that topical analgesics in general may be recommended in certain circumstances, but are largely experiment, particularly the combination or compounded products, such as LidoPro. The MTUS states that lidocaine, used topically, is only indicated for clearly evidenced neuropathic pain which has failed oral first-line therapies. It also states that capsaicin used topically is recommended only as an option where other treatments have not helped, or were contraindicated or difficult to tolerate. In the case of this worker, she had been recommended LidoPro, but there was no evidence that it helped her pain or function significantly. Also, there is no evidence found in the documents that the worker had tried and failed first-line therapy for neuropathic pain before the LidoPro was considered. Therefore, the LidoPro is not medically necessary.