

<b>Case Number:</b>	CM14-0156582		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/05/2002
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida 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 60-year-old female who reported an injury on 07/05/2002. The mechanism of injury was not provided. The diagnostic studies, surgical history and other therapies were not provided. The injured worker's medications included acyclovir, Combivent 90 mcg-18 mcg inhalation aerosol, Coumadin 1.5 mg, Dulera 5 mcg-100 mcg/inhalation aerosol, fexofenadine, Lipitor 10 mg tablets, lisinopril, metformin, montelukast, and prednisone 4 mg. The documentation of 07/23/2014 revealed the injured worker had pain in the anterior aspect of her right ankle that was radiating and aching. The injured worker was wearing custom foot orthotics with good supportive shoes daily. The injured worker indicated the pain was aggravated by increased weight bearing. The injured worker had tenderness to palpation over the right intermediate dorsal cutaneous nerve. The injured worker had tenderness to palpation over the right sinus tarsi. The physician documented the functional foot orthotics did not fit well and provide adequate support. The diagnoses included sinus tarsi syndrome, neuritis/neuralgia, hallux valgus, right, diabetes mellitus noninsulin, and pain. The treatment plan included LidoPro topical ointment. The documentation of the medication indicated LidoPro included capsaicin, lidocaine, menthol, and methyl salicylate. The concentration for the capsaicin was 0.0325%. There was a lack of documented rationale for the requested medication. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request LidoPro-Menthyl Salicylate 27.5%/Menthol 10%/Lidocaine 4%, Dispensed 7/23/2014, 2 bottles 242 g (1 box): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesic; Topical Capsaicin; Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=LidoPro>

**Decision rationale:** The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0325% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. In this case, there was a lack of documentation indicating the injured worker had trials of antidepressants and anticonvulsants that had failed. There was a lack of documentation indicating a necessity for capsaicin at the strength of 0.0325%. The request as submitted did not include capsaicin, however, the product label included capsaicin. As such, capsaicin was included. There was a lack of documented rationale. There was a lack of documentation indicating a necessity for 2 bottles of the medication without re-evaluation. The request as submitted failed to indicate the body part and the frequency for the medication. Given the above, the retrospective request for LidoPro-menthyl salicylate 27.5%, menthol 10%, lidocaine 4%, dispensed 07/23/2014 2 bottles 242 gm (1 box) is not medically necessary.