

<b>Case Number:</b>	CM14-0027311		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Anesthesiology and 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 33-year-old female who reported an injury on 02/01/2012 who reportedly sustained an injury to her left ankle and her left lower back. She slipped on a wet floor while carrying a bucket of ice with a coworker. The injured worker's treatment history included physical therapy, MRI, medications, x-rays, steroid injections, and psychiatric evaluation. The injured worker was evaluated on 05/08/2014 and it was documented that the injured worker had persistent low back pain, left hip, left knee, and left ankle pain. It was documented that the injured worker had an ankle brace and a knee brace. The physical examination of the lumbar spine revealed tenderness along the lumbar paraspinal muscles bilaterally, lumbar flexion was 30 degrees, extension was 15 degrees and lateral tilting was 15 degrees bilaterally. The physical examination of her knees revealed mild crepitation with range of motion and tenderness along the medial greater than the lateral joint line with mild swelling, tenderness along the ankle with flexion at 10 degrees and plantar flexion was 20 degrees on the left in comparison to 15 degrees and 40 degrees on the right. The diagnoses included discogenic lumbar condition with facet inflammation and left sided radiculopathy, left knee internal derangement, left ankle sprain/strain, left groin inflammation, and element of stress, depression, anxiety, insomnia related to orthopedic injuries. Medications included Lidopro lotion, tramadol ER, Protonix, and Naprosyn. The Request for Authorization and rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO LOTION 4 OUNCES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Lidopro lotion 4 ounces is not medically necessary. On 05/08/2014 the injured worker complained of low back, left hip, left knee, left ankle pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Furthermore, there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. In addition, there was no documentation provided on frequency or location where the Lidopro Lotion would be applied was not provided. As such, the request for Lidopro lotion is not medically necessary.