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| <b>Case Number:</b>   | CM14-0033958 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 09/13/2012 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 02/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/18/2014 |

### 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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 55-year-old female with an injury date of 09/13/2012. According to the 11/15/2013 progress report, the patient presents with pain in her lower back with right lower extremity symptoms, rating her pain as a 6/10 on the pain scale. She also complains of right groin pain and right SI joint pain. She states that she has numbness, tingling, and burning in her right leg to her foot. The patient also has right knee tearing sensation, and her lower back pain is radiating to the right side of her back. She is unable to complete heel and toe walking and has tenderness to palpation of the lumbar spine, midline bilateral paraspinal musculature, and the right SI joint. The patient's diagnoses include the following: 1. HNP of the lumbar spine. 2. Possible lumbar radiculopathy. 3. Possible right sacroiliitis. The request is for LidoPro 4oz (capsaicin, lidocaine, menthol, and methyl salicylate) topical ointment #1. The utilization review determination being challenged is dated 02/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro 4Oz (Capsaicin Lidocaine Menthol and Methyl salicylate ) Topical Ointment #1:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Topical Analgesics.

**Decision rationale:** According to the 11/15/2013 progress report, the patient presents with lower back pain, right groin pain, and right SI joint pain. The request is for LidoPro 4oz (capsaicin, lidocaine, menthol, and methyl salicylate) topical ointment #1. MTUS page 111 states that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical Lidocaine is a formulation of a dermal patch (Lidoderm) and has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used for label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions, gels) are indicated for neuropathic pain. MTUS does not support lotion formulation of lidocaine for neuropathic pain. The request is not medically necessary and appropriate.

