

<b>Case Number:</b>	CM14-0034006		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/21/2014
<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 Occupational Medicine and is licensed to practice in Hawaii. 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:

This patient is a 52 year old female with a date of injury on 5/2/2012. Review of the medical records indicate that the patient is undergoing treatment for joint pain (hands), sprain of finger, lumbosaxral ligament sprain, ankle sprain, and foot pain. Subjective complaints include pain of bilateral wrist, bilateral knee, bilateral foot and lumbar spine. Objective findings include tenderness to palpation of bilateral knee, bilateral ankles and lumbar. Treatment has included acupuncture (unknown number of sessions), chiropractic therapy (unknown number of sessions), naproxen, and TENs unit. A utilization review dated 2/21/2014 non-certified the request for Lidopro Ointment: Capsaicin, Menthol, Methyl Salicylate (analgesics), lidocaine (anesthetic).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Ointment: Capsaicin, Menthol, Methyl Salicylate (analgesics), lidocaine (anesthetic):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines Capsaicin, Salicylate, Topical analgesic page 28, 105, 111-113. Additionally, Official Disability Guidelines (ODG) Pain, Capsaicin Topicals, Salicylate Topical, Topical Analgesics.

**Decision rationale:** Lidopro is a topical medication containing Lidocain, Capsaicin, Menthol, and Methyl Salicylate. The MTUS recommends topical analgesics as an option as indicated and notes that these medications are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS goes on to state that these preparations are largely experimental with few randomized controlled trials to determine efficacy or safety. MTUS recommends capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." Additionally, regarding salicylates: "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Lidopro Ointment: Capsaicin, Menthol, Methyl Salicylate (analgesics), lidocaine (anesthetic) is not medically necessary at this time.