

<b>Case Number:</b>	CM14-0037975		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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, has a subspecialty in 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 45-year-old male who reported an injury on 12/06/2012. The specific mechanism of injury was not provided. Prior treatments included acupuncture, a TENS unit, and physical therapy. The documentation indicated the injured worker had been utilizing Lidopro at least since 11/2013. The clinical documentation of 02/10/2014 revealed the injured worker had pain in the low back, right knee, neck, left shoulder, left wrist, and left knee. The injured worker was performing a home exercise program and utilizing a brace on his left knee. The documentation indicated the injured worker was utilizing Lidopro, which helped reduce pain. The diagnosis was knee pain. The treatment plan included a continuation of the current medications and TENS unit patches. Subsequent documentation dated 03/18/2014 revealed topical Lidocaine had been designated by orphan status and was used off label for diabetic neuropathy. Additionally, it indicated that formulations that did not involve a dermal patch system were indicated as local anesthetics and antipruritics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro topical ointment 4 oz (dispensed 02/10/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, NonFDA approved agents Page(s): 111-113.

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

**Decision rationale:** California MTUS indicates 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. California MTUS 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. California MTUS guidelines recommend treatment with topical Salicylates. Per drugs.com, LidoPro is a topical analgesic containing Capsaicin / Lidocaine / menthol / methyl Salicylate. The clinical documentation submitted for review failed to provide documentation of the efficacy for the request medication. There was a lack of documentation of objective functional benefit received from the medication as well as an objective decrease in pain. The clinical documentation indicated the injured worker had been utilizing the compound since at least 11/2013. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for LidoPro topical ointment 4 ounces dispensed on 02/10/2014 is not medically necessary.