

<b>Case Number:</b>	CM14-0051057		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/19/2000
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Occupational Medicine 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:

197 pages were provided for this review. The application for independent medical review was signed on April 8, 2014. It was for LidoPro topical ointment. Per the records provided, the claimant is described as a 65-year-old woman who was injured in the year 2000, now 14 years ago. There was a right knee, low back, right ankle and toe injury. There was a right knee arthroplasty in 2001, a right ankle arthroscopy in 2002 and a right total knee arthroplasty on April 22, 2013 and finally a left total knee arthroplasty October 7, 2013. Other records note the patient is status post a left total knee arthroplasty and also has a history of breast cancer. There is shoulder impingement and right ankle pain. As of February 14, 2014 there were ongoing complaints of knee pain, stiffness in the right knee, and right ankle complaints. Pain is not fully controlled. There is been physical therapy as well. There is still shoulder pain, bilateral knee pain, and muscle spasm of the left knee and limited range of motion following surgery. The request was for Lidopro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Topical Ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately non-certified.