

<b>Case Number:</b>	CM14-0066157		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/10/2008
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 is licensed to practice in Nevada. 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 records presented for review indicate that this 44 year-old individual was reportedly injured on 4/10/2008. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 2/14/2014. Indicates that there are ongoing complaints of right shoulder and low back pain. The physical examination demonstrated right shoulder: decreased range of motion about 20%., Positive tenderness to palpation of the lumbar paraspinal muscles. No recent diagnostic studies are available for review Previous treatment includes therapy, medications, and conservative treatment. A request had been made for lidopro ointment and was not certified in the pre-authorization process on 3/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Tube of Lidopro Ointment 121 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

**Decision rationale:** Lidopro is a topical compounded preparation containing Capsaicin, Lidocaine, Menthol and Methyl Salicylate. MTUS guidelines state that topical analgesics are

"largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical lidocaine or menthol for treatment of chronic neck or back. As such, this request is not considered medically necessary.