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| <b>Case Number:</b>   | CM14-0069657 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 08/07/1997 |
| <b>Decision Date:</b> | 09/19/2014   | <b>UR Denial Date:</b>       | 05/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/14/2014 |

### 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 Internal 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:

This is a 66-year-old female with an 8/7/1997 date of injury. A specific mechanism of injury was not described. 7/15/14 determination was non-certified given that the use of topical medications have not been shown to result in superior systemic blood levels versus appropriate use of P.O. medications in FDA approved dosages. 5/9/14 determination was non-certified given that menthol is not endorsed by CA MTUS to treat the patient's condition and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. 6/24/14 medical report identified pain level 10/10 with bilateral lower extremity numbness, tingling, and pain to the feet with right greater than left. She continued with intermittent falls, recently in 6/24/14 which caused right sided back pain and right leg pain. The patient stated she has fallen 11 times since 3/25/14 to the day of exam. The patient stated that the SCS is good and appropriate stimulation with battery, however, it is having difficulty holding a charge. She was using the SCS all the time prior to this recent fall. Exam revealed that the patient used a four-point cane to assist with ambulation. Range of motion of the cervical, lumbar, and thoracic was decreased. Decreased right C5, C6, C7, and C8 dermatomes to pinprick and light touch. Decreased L3, L4, L5 and S1 dermatomes to pinprick and light touch. 4/5 motor upper and lower extremities. 3/25/14 medical report identified the same findings as on the June report, except for the pain level, which was rated 7-10/10. Diagnoses include failed back surgery syndrome, s/p lumbar surgery, s/p spinal cord stimulator placement, lumbar radiculopathy, and cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro topical ointment, 4oz for pain of the lumbar and cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers Compensation Drug Formulary: [www.odg-twc.com/ogdtwc/formulary.htm](http://www.odg-twc.com/ogdtwc/formulary.htm) Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12ed, McGraw Hill, 2006.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that lidocaine (in creams, lotion or gels) and capsaicin in a 0.0375% formulation are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was no rationale identifying the medical necessity for compounded medication as opposed to more widely recommended oral medications. Therefore, recommend not medically necessary.