

<b>Case Number:</b>	CM14-0076727		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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:

The injured worker is a 50-year-old male who reported injury. The mechanism of injury was the injured worker was cleaning a shaker screen with a shovel which resulted in pain to the wrist. The injured worker was noted to have multiple surgical interventions. The injured worker had physical therapy and an epidural injection. Prior treatments additionally included chiropractic care. The documentation of 10/01/2013 revealed the injured worker was utilizing LidoPro. The documentation of 03/18/2014 revealed the injured worker was taking Docuprene twice a day and continued to use LidoPro cream. The documentation indicated the LidoPro cream helped decrease pain and helped the injured worker with sleep. The diagnoses included possible CRPS (complex regional pain syndrome) right upper extremity, chronic pain syndrome, and status post right elbow surgery. The documentation indicated the injured worker failed Butrans, Prozac, Effexor, and gabapentin, NSAIDs had not been effective, and Norco had some benefit. The documentation indicated the injured worker would continue LidoPro cream in an effort to improve his right upper limb pain as it had been helping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro topical ointment 4oz, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

**Decision rationale:** The California MTUS Guidelines indicate 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 1 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. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The 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 (serotonin-norepinephrine reuptake inhibitors) anti-depressants or an AED (anti-epilepsy drug) such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The 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 exceptional factors to warrant non-adherence to guideline recommendations. The documentation indicated the injured worker had been utilizing the medication since at least 10/01/2013. The documentation indicated the injured worker had objective functional benefit that was received. There was a lack of documentation of decreased pain. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for LidoPro topical ointment 4oz, #1 is not medically necessary.