

<b>Case Number:</b>	CM14-0084716		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/22/2005
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 43 year old male with an injury date of 02/22/05. The 05/22/14 progress report by [REDACTED] states that the patient presents with aching neck pain with radiation of numbness and tingling to the bilateral upper extremities and down to the fingertips; most severe on the 3rd, 4th and 5th digits. He is unable to lift his arms for prolonged periods because it causes severe pain. The patient also presents with stabbing back pain with radiation of numbness to the bilateral lower extremities down to the toes; left greater than the right. Prolonged walking and stationary standing exacerbates the pain. The patient has an antalgic gait. An examination reveals tenderness to palpation in the cervical, thoracic and lumbar paraspinal musculature. The patient's diagnoses include cervical radiculopathy, cervical degenerative disc disease (DDD), myofascial pain syndrome, lumbar radiculopathy and lumbar DDD with stenosis. The patient's current medication included Tylenol and Advil. The utilization review being challenged is dated 05/30/14. Treatment reports were provided from 03/04/14 to 07/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for one (1) prescription of LidoPro 4 oz. #1 between 4/7/2014 and 7/26/2014: Upheld**

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

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

**Decision rationale:** The patient presents with neck pain radiating to the bilateral upper extremities and fingertips. In addition, he presents with back pain radiating to the bilateral lower extremities. The physician requests for retrospective 1 LidoPro Topical ointment 4 oz. Page 111 of the MTUS guidelines on topical analgesics state the following that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. LidoPro is a compound topical gel .0325% Capsaicin, Lidocaine 4.5%, Menthol 10%, Methyl Salicylate 27.5%." Page 111 of the MTUS guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Strength of Capsaicin recommended is no more than 0.025%. Review of the reports show no discussion is made regarding the efficacy and use of this topical product. MTUS page 111 further states regarding Lidocaine topical analgesics, "Only FDA approved products are recommended," and only in a patch form such as Lidoderm. Given that this topical compound contains Lidocaine in a cream formulation, the request is not medically necessary.