

<b>Case Number:</b>	CM14-0089993		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 32 year old male with a work injury dated 3/2/13. The diagnoses include lower back pain, lumbar spine disc herniation, lumbar spine radiculopathy, depression, and lumbar spondylolisthesis. Under consideration is a request for Lidocaine /Lidopro Cream 121 gm. There is a primary treating physician report dated 8/12/14 that states that the patient has low back pain. Medications and therapy partially help. On exam the patient has normal gait, tenderness to palpation and decreased range of motion. The patient was offered physical therapy, acupuncture, ultrasound, massage, epidural steroid injection. He refused the offer. His medications were refilled. He will continue TENS and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine /Lidopro Cream 121gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm (lidocaine patch), Salicylate topicals Page(s): 111-113, 56-57, 1.

**Decision rationale:** Lidocaine /Lidopro Cream 121gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Lidopro Cream, 121 grams is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. 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. Topical lidocaine 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 inhibitor) anti-depressants or an AED (antiepilepsy drugs) such as gabapentin or Lyrica). There is no evidence patient has tried the above mentioned first line therapy medications. There is no indication that the patient is intolerant to oral medications. Furthermore, 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 recommended. The request for Lidopro Cream 121 grams is not medically necessary.