

<b>Case Number:</b>	CM14-0091747		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/15/2000
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 62-year-old female was reportedly injured on June 15, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 7, 2014, indicates that there are ongoing complaints of right lower extremity pain. The physical examination demonstrated spasticity of the right lower extremity with 4+ reflexes at the knee and ankle. There were mildly positive tension signs on the right side. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right hip total hip replacement. A request had been made for Lidopro ointment and was not certified in the pre-authorization process on June 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Ointment #2:** 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): 111-113 of 127..

**Decision rationale:** Lidopro ointment is a compound which includes Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. According to the California Chronic Pain Medical Treatment

Guidelines the only topical analgesic medications indicated for usage include anti-inflammatory, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Lidopro ointment is not medically necessary.