

<b>Case Number:</b>	CM14-0098747		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 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 63-year-old gentleman was reportedly injured on July 13, 2012. The mechanism of injury is noted as repetitive lifting. The most recent progress note, dated January 15, 2014, indicates that there are ongoing complaints of neck pain, back pain, and shoulder pain. The physical examination demonstrated normal shoulder range of motion. There was tenderness over the neck, shoulders, upper back, and lower back paraspinal muscles. There was decreased lumbar spine range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed moderate facet arthropathy at L5 - S1 and a small annular fissure at L2 - L3. Nerve conduction studies of the upper extremities revealed bilateral carpal tunnel syndrome worse on the right than the left side. Previous treatment includes right shoulder surgery, a shoulder steroid injection, and physical therapy. A request had been made for Lidopro ointment and was not certified in the pre-authorization process on June 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Ointment 4 oz:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112 of 127.

**Decision rationale:** Lidopro is a topical compounded preparation containing Capsaicin, Lidocaine, Menthol and Methyl Salicylate. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical Lidocaine or menthol for treatment of chronic neck or back. As such, this request fro Lidopro ointment is not medically necessary.