

<b>Case Number:</b>	CM15-0106367		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 46 year old male who sustained an industrial injury on January 16, 2013. He complains of multiple joint pain that radiates to the neck, right shoulder, abdomen, middle back, lower back, left knee, left leg, and head and has been diagnosed with pain in joint of lower leg, pain in joint of shoulder, arthropathy not otherwise specified of shoulder, cervicgia, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment has included medication, surgery, acupuncture, physical therapy, and chiropractic care. Cervical range of motion was restricted. Lumbar range of motion was restricted due to pain. Right shoulder movements were restricted due to pain. The right elbow had painful range of motion with flexion, extension, pronation, and supination. The left knee range of motion was restricted due to pain. There was tenderness to palpation over the lateral joint line. There was a 2+ effusion in the left knee. The treatment request included Lidopro ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 4.5% ointment 4.5%, 27.5%, 0.0325-10%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated

Treatment/Disability Duration Guidelines, Pain (Chronic) Online version, updated 04/30/15, Topical analgesics.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Lido Pro cream is not medically necessary.