

<b>Case Number:</b>	CM15-0132754		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	01/26/1998
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on January 26, 1998. The injured worker has complaints of low back and left leg pain. The documentation noted that there is tenderness in the right and left lumbar paravertebral regions at the L4-L5 and L5-S1 (sacroiliac) levels. Extension of the lumbar spine is positive for back pain and right lateral rotation of lumbar spine is positive for back pain. Left lateral rotation of lumbar spine is positive for back pain and range of motion of the lumbar spine is restricted. The straight leg raising test is positive left side at 60 degrees. The diagnoses have included sprain of lumbar. Treatment to date has included tramadol; lidopro and suboxone. The request was for lidopro 4 percent #2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 4% #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 topical analgesics Page(s): 111-113.

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidopro contains the following active ingredients: Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence for failed treatment by other modalities makes the requested treatment not medically necessary.