

<b>Case Number:</b>	CM15-0148157		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/27/2004
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old female, who sustained an industrial injury on 9-27-2004. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include ankle sprain, left knee sprain-strain status post surgery in 2004, chronic pain, myofascial pain and gastritis. Treatments to date include Lidopro topical cream, home exercise, and TENS unit use. Currently, she complained of ongoing knee pain, left greater than right. On 6-24-15, the physical examination documented decreased right knee pain and bilateral crepitus. The plan of care included a request to authorize Lidopro 121 grams (Capsaicin, Lidocaine, Menthol, and Methyl Salicylate ointment) for topical use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 121gm (capsaicin, lidocaine, menthol and methyl salicylate ointment) for topical use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

**Decision rationale:** The current request is for Lidopro 121gm (capsaicin, lidocaine, menthol and methyl salicylate ointment) for topical use. Treatments to date include Lidopro topical cream, home exercise, and TENS unit use. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Guidelines, pages 111 and 112, Topical Analgesic section, has the following: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per report 06/24/15, the patient presents with ongoing knee pain. Physical examination documented decreased right knee pain and bilateral crepitus. The treater requested LidoPro for topical use. MTUS only supports Lidopro in a patch formulation and not as an ointment, lotion, gel or other forms. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested Lidopro ointment contains Lidocaine, which is not supported for topical use in cream form per MTUS. Therefore the request IS NOT medically necessary.