

<b>Case Number:</b>	CM15-0168768		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	04/07/2015
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 30 year old, female who sustained a work related injury on 4-7-15. The diagnoses have included lumbar degenerative disc disease, coccydynia, bilateral wrist-elbow tendinopathy, right knee tendinopathy, myofascial pain and acute flare-up of pain. She is currently being treated for low back, bilateral arm and right knee pain. Treatments in the past include physical therapy (unknown number of sessions), TENS unit therapy, oral medications, Lidopro ointment and ice-heat therapy. Current treatments include oral medications, Lidopro ointment, ice-heat therapy and TENS unit therapy. Medications she is currently taking include Naprosyn, Omeprazole and Lidopro ointment. In the progress notes dated 7-14-15 through 8-10-15, the injured worker reports lower back, right knee and bilateral arm pain. She rates her pain a 5-8 out of 10. On physical exam, she has muscle spasms in lower lumbar spine. Lumbar flexion is decreased at 50%. Straight leg raises are negative. She has tenderness to touch of right knee joint. She is not working. The treatment plan includes an EMG-NCV of arms and legs and refills of medications. The Request for Authorization, dated 8-10-15, requests Naproxen, Omeprazole, Lidopro cream and for an EMG-NCV of lower extremities. The Utilization Review, dated 8-19-15, states "based on the evidence based guidelines, the medical necessity for Lidopro ointment has not been fully substantiated and is non-certified."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro ointment 121g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains topical Lidocaine and NSAID. Lidocaine is 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 NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case the claimant did not have the above diagnoses. The claimant was on oral NSAIDS and topical NSAIDS can reach system levels similar to oral NSAIDS. Long-term use of topical analgesics such as Lidopro is not recommended. LidoPro as above is not medically necessary.