

<b>Case Number:</b>	CM15-0185461		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/06/2007
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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-work injury on 2-6-07. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis and lumbar radiculopathy. Medical records dated (2-12-15 to 7-30-15) indicate that the injured worker complains of ongoing low back pain with shooting pain down both legs. The pain is rated 4-8 out of 10 on the pain scale depending on the activity level and use of medications. This has remained unchanged. She states that the medications help alleviate the pain significantly. The medical record dated 4-2-15 the physician indicates that the injured worker uses Aciphex for gastrointestinal upset secondary to Gabapentin and also Lidopro cream. Per the treating physician report dated 7-30-15 the work status is modified. The physical exam dated 7-30-15 reveals that there is tenderness of the lumbar facet joints, pain with lumbar extension, and positive straight leg raise bilaterally. The physician indicates that injured worker wants to hold off on any injection therapy. Treatment to date has included pain medication including Cyclobenzaprine, Gabapentin, Ibuprofen, Lidoderm patch, Meloxicam, Voltaren gel, Tizanidine, Omeprazole, Lidopro cream since at least 3-12-15, thermacare wraps, acupuncture, chiropractic, Transcutaneous electrical nerve stimulation (TENS), theraband, bilateral medial branch block 9-15-14 with no significant benefit and off of work. There is no urine drug screen reports noted in the records. The request for authorization date was 7-30-15 and requested service included Retrospective LidoPro cream 121gm (DOS 07-30-2015). The original Utilization review dated 8-25-15 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective LidoPro cream 121gm (DOS 07/30/2015): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." LIDOPRO LOTION (NOT RECOMMENDED). Lidopro is a topical medication containing Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. In fact, the records document that the patient does respond to gabapentin. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." In this case, lidocaine is not supported for topical use per guidelines. As such, the request for lidopro cream is not medically necessary.