

<b>Case Number:</b>	CM15-0192406		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	12/16/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: 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 35 year old male, who sustained an industrial injury on 12-16-14. Current diagnoses or physician impression includes lumbosacral neuritis (not otherwise specified) and lumbago. His work status is temporary total disability. Notes dated 7-15-15 - 8-24-15 reveals the injured worker presented with complaints of neck, upper and lower back pain (throbbing), right sides rib cage pain and numbness and tingling in the right lower extremity and is rated at 7-9 out of 10. He also reports sleep disturbance. A physical examination dated 8-19-15 - 8-24-15 revealed an altered gait, the "lumbar paraspinals are tender to palpation" and he is experiencing right leg radicular symptoms. There is tenderness to palpation at the right lateral chest. Treatment to date has included TENS unit and medications, which help decrease his pain and allows him to engage in activities of daily living per note dated 8-24-15, home exercise program, and a Toradol injection, which was not helpful, per note dated 8-6-15. Diagnostic studies to date have included electrodiagnostic studies, MRI and a lumbar spine CT scan. A request for authorization dated 8-19-15 for Lidopro ointment 121 grams is non-certified, per Utilization Review letter dated 9-18-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro ointment 121gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Salicylate topicals, Topical Analgesics.

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

**Decision rationale:** Lidopro contains capsaicin, lidocaine, menthol and methyl salicylate. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for LidoPro ointment 121gm is not medically necessary and appropriate.