

<b>Case Number:</b>	CM15-0199965		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: New York

Certification(s)/Specialty: Internal 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:

This is a 55 year old female with a date of injury of May 5, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral shoulder sprain and strain, and bilateral knee sprain and strain. Medical records dated August 20, 2015 indicate that the injured worker complained of bilateral shoulder pain and bilateral knee pain rated at a level of 7 out of 10 with the left side being more prominent. Records also indicate that the injured worker was out of work due to recent surgery. A progress note dated September 17, 2015 documented complaints similar to those reported on August 20, 2015. The progress notes (August 20, 2015 and September 17, 2015) did not document a musculoskeletal examination. Treatment has included six sessions of chiropractic treatment with improvement, and cortisone injections to the shoulders and knees, which were helpful. The original utilization review (September 25, 2015) non-certified a request for Lidopro ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Ointment:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation provided necessitating Lidopro ointment. This medication contains capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine is only approved for use in the form of a Lidoderm patch. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.