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| <b>Case Number:</b>   | CM15-0202827 |                              |            |
| <b>Date Assigned:</b> | 10/19/2015   | <b>Date of Injury:</b>       | 02/11/2013 |
| <b>Decision Date:</b> | 12/03/2015   | <b>UR Denial Date:</b>       | 10/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2015 |

### 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: Emergency 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 2-11-13. The injured worker is diagnosed with lateral elbow epicondylitis, lumbar sprain-strain, lumbar degenerative disc disease, lumbar radiculopathy and myalgia. Her work status is modified duty. A note dated 10-2-15 reveals the injured worker presented with complaints of chronic low back pain that radiates to her legs (right greater than left). She reports leg weakness while ascending stairs. She reports right elbow and forearm pain with weakness noted. She reports she frequently drops items. Her pain level is rated at 7 out of 10. A physical examination dated 10-2-15 revealed tender to palpation lateral right elbow and extensor tendons of the right forearm and decreased grip. The lumbar paraspinal musculature is tender to palpation and there is decreased sensation in the right lower extremity. Treatment to date has included right elbow ultrasound, which decreased her pain level (6 out of 10 to 5 out of 10); medication; Naproxen, Gabapentin, Omeprazole and Lidopro cream, which helps decrease her pain by 40-50% per note dated 9-25-15 (a note dated 5-29-15 states the injured worker "does not like Lidopro ointment because of the burning sensation and takes Naproxen only for pain"); TENS unit, heat and home exercise. Diagnostic studies include electrodiagnostic study. A request for authorization dated 9-25-15 for Lidopro cream (capsaicin, lidocaine, menthol and methyl salicylate) 121 grams is non-certified, per Utilization Review letter dated 10-5-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream (capsaicin, lidocaine, menthol, and methyl salicylate) 121gm: 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:** The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended." Lidopro contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of an attempt of trial with a 1st line agent. There is FDA approved Lidocaine available, it is unclear why provider decided to use an unapproved formulation. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain but patient is able to tolerate PO NSAIDs so it is unclear why patient was prescribed this. Pt is on it chronically. Not medically recommended. 4) Menthol: There is no data on Menthol in the MTUS. There is no documentation of any benefit, where it is being used and why multiple unapproved uses of drugs were requested. Lidopro is not medically necessary.