

<b>Case Number:</b>	CM15-0204057		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 43-year-old male with a date of industrial injury 10-10-2011. The medical records indicated the injured worker (IW) was treated for cervical degenerative disc disease; lumbar discogenic syndrome; shoulder joint pain; and ankle, foot pain - pain in joint. In the progress notes (9-8-15), the IW reported severe back pain radiating to the left lower extremity rated 8 out of 10; his pain was unchanged since the previous visit. He refused epidural steroid injections. On examination (9-1-15 notes), the sensory and motor exams were within normal limits in the bilateral lower extremities. Reflexes were 1 to 2 out of 4. [REDACTED] was absent. No clonus. Straight leg raise caused left leg discomfort. Treatments included medications (Gabapentin, Naproxen and Lidopro (since at least 4-2015)). The IW reported the Lidopro cream provided "good pain relief". Electrodiagnostic testing results on 8-5-15 were consistent with lumbar radiculopathy on the left side, involving the L5 and S1 nerve roots. The IW was on modified work duty. A Request for Authorization was received for compound topical Lidopro cream, 121 gm. The Utilization Review on 9-29-15 non-certified the request for compound topical Lidopro cream, 121 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound topical cream Lidopro, 121gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain, subsection under medication- compound drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Johar, Pramod, et al. "A comparison of topical menthol to ice on pain, evoked tetanic and voluntary force during delayed onset muscle soreness." International journal of sports physical therapy 7.3 (2012): 314.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." The request does not meet criteria set forth in the guidelines. In this case, Lidopro cream is a compound containing capsaicin, lidocaine hydrochloride, methyl salicylate and menthol. The injured worker is being treated for lower back pain with radicular symptoms. There is no diagnosis of neuropathic pain. In addition, the cited guidelines state that menthol does not provide significant improvements in functional status for patients being treated for arthritis. The request is not supported by the cited guidelines and therefore is not medically necessary.