

<b>Case Number:</b>	CM15-0206623		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/19/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: North Carolina, Georgia  
 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 48 year old with a date of injury on 10-19-2014. The injured worker is undergoing treatment for lumbar sprain-strain, lumbosacral or thoracic neuritis or radiculitis, right hip strain and myofascial pain. He has a comorbid diagnosis of morbid obesity. A physician progress note dated 09-23-2015 documents the injured worker reports improvement in low back pain contributed to medications and an increased home exercise program. Pain is rated 5 out of 10 and it is described as achy and sharp, and it is worse with activity. The pain occasionally radiates to his right hip with stiffness. He states he recently attempted to return to work. Treatment to date has included diagnostic studies, medications, use of a Transcutaneous Electrical Nerve Stimulation unit, physical therapy, and a home exercise program. Current medications include Naproxen, and Cyclobenzaprine. The Request for Authorization dated 09-23-2015 includes Naproxen Sodium, Cyclobenzaprine and Lidopro 121 ml. On 10-01-2015 Utilization Review non-certified the request for Lidopro Cream 121gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Cream 121gm:** 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 rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Lidopro cream contains methyl salicylate, menthol, capsaicin and lidocaine. Methyl salicylate is a non-steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, Lidopro cream is not medically necessary and the original UR decision is upheld.