

<b>Case Number:</b>	CM15-0021432		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Texas, 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 42 year old female who sustained an industrial injury on April 11, 2012. She has reported pain in her left knee, left shoulder, left elbow, and low back and has been diagnosed with crush injury, upper extremity, multiple sites, meniscal tear (knee), lumbar degenerative disease, and pain disorder with psychological factors. Treatment has included surgery, physical therapy, crutches, TENS unit, and topical analgesics. Currently the injured worker has continued pain in her left knee, left shoulder, left elbow, and low back at 5/10 on 12/17/14 and Physical examination of the left knee revealed tenderness on palpation and antalgic gait. The treatment plan included lidopro cream. The patient sustained the injury due to cumulative trauma. The patient has had MRI of the left knee on 1/25/13 that revealed meniscus tear. The patient has used a brace. The medication list include Omeprazole, Diazepam, Trazodone, Norco, Escitalopram, Tramadol, Nprofen and Baclofen and Diclofen. The patient had received a steroid injection in knee. She has had a urine drug toxicology report on 11/13/14 that was consistent. The patient's surgical history include right shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream (unknown dosage amount): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

**Decision rationale:** Request: Lidopro cream unknown dosage amount Lidopro ointment contains capsaicin, lidocaine, menthol, and methyl salicylate. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended." Topical salicylate like methyl salicylate is recommended. However there is no high grade scientific evidence for its use as a compounded medication with other topical analgesics. There is no high grade scientific evidence to support the use of menthol for relief of pain. There was no evidence in the records provided that the pain is neuropathic in nature. The records provided did not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA, MTUS, chronic pain treatment guidelines. The medical necessity of the request for Lidopro cream (unknown dosage amount) is not fully established in this patient.