

<b>Case Number:</b>	CM15-0024356		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 62 year old male sustained an industrial injury to the head, neck, shoulder, left arm, back and left leg on 11/24/12. Treatment included medications, physical therapy, home exercise, transcutaneous electrical nerve stimulator unit and psychiatric care for hallucinations. In a PR-2 dated 1/9/15, the injured worker complained of pain, 8/10 on the visual analog scale, to the neck, left shoulder and lumbar spine with radiation to the left arm and bilateral lower extremity with occasional weakness. Physical exam was remarkable for an antalgic gait, decreased range of motion to the left shoulder, lumbar spine and cervical spine and decreased sensation to the left upper extremities and lower extremity with muscle strength 1/5 to the left upper extremity and 2/5 to the left lower extremity. Current diagnoses included lumbar degenerative disc disease, myofascial pain, cervical foraminal compression, backache, left shoulder joint pain, cervical radiculopathy, sleep issues, lumbar radiculopathy and chronic pain syndrome. Work status was modified duty. The treatment plan included continuing home exercise and continuing use of transcutaneous electrical nerve stimulator unit. On 1/12/15, a request for authorization was submitted for Lidipro x 1. On 1/30/15, Utilization Review noncertified a request for Lidoprofen Cream 5-5-2%, No Dosage And No Quantity Indicated citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoprofen Cre 5-5-2%, No Dosage And No Quantity Indicated: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. LIDOPRO LOTION (NOT RECOMMENDED) Lidopro is a topical medication containing Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. MTUS recommends topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. MTUS states regarding topical Salicylate, Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. In this case, lidocaine is not supported for topical use per guidelines. As such, the request for Lidoprofen CRE 5-5-2%, no dosage and no quantity indicated (LidoPro) is not medically necessary.