

<b>Case Number:</b>	CM15-0211339		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	09/06/2009
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 29 year old male, who sustained an industrial injury on 9-6-09. Medical records indicate that the injured worker is undergoing treatment for low back pain, lumbosacral spine radiculitis and backache unspecified. The injured worker is currently working full duty. On (9-14-15 and 8-24-15) the injured worker complained of intermittent flaring up of back pack. The pain was rated 6 out of 10 on the visual analog scale. Objective findings revealed tenderness to palpation over the sacroiliac facet joints and back flexion and extension to be 30-40%. The injured worker requested a topical cream to see if he gets adequate pain relief while working. Treatment and evaluation to date has included medications, transcutaneous electrical nerve stimulation unit and a home exercise program. Current medications include Neurontin and Naproxen. The Request for Authorization dated 9-14-15 included a request for LidoPro cream 121 grams #1. The Utilization Review documentation dated 9-24-15 non-certified the request for LidoPro cream 121 grams #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121gm #1:** 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 claimant sustained a work injury in September 2009 when, while using a step ladder, he lost his balance and fell. He continues to be treated for radiating low back pain and secondary depression. When seen, he was working without restrictions. He was having on and off flare-ups of pain. He wanted to try a topical cream to see if he would get adequate pain relief while working. He was continuing to use TENS. Current medications were Neurontin and Naprosyn. He had pain rated at 6/10. Physical examination findings included decreased spinal range of motion with lower lumbar facet joint tenderness. Gabapentin and Naprosyn were refilled. Lidopro was dispensed. Lidopro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Lidopro is not considered medically necessary.