

<b>Case Number:</b>	CM15-0213248		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old male, who sustained an industrial injury on 2-27-14. The injured worker was being treated for lumbar spine strain, myofascial pain syndrome and lumbosacral facet syndrome. On 9-10-15, the injured worker complains of pain in lumbar spine with some pain radiating to buttocks. He is currently not working. Physical exam performed on 9-10-15 revealed restricted range of motion in all planes of back, positive lumbosacral facet maneuver with normal strength reflexes. He is scheduled for Rhizotomy in 2 weeks. Treatment to date has included oral medications including Omeprazole, Flexeril, Neurontin; topical LidoPro and activity modifications. On 9-2-15 request for authorization was submitted for LidoPro. On 10-2-15 request for LidoPro 121 gms 2 bottles was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication LidoPro 4% ointment #2 bottles:** 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:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine with radiating symptoms to the buttocks. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery of Acetaminophen and NSAID. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Compound medication LidoPro 4% ointment #2 bottles is not medically necessary or appropriate.