

<b>Case Number:</b>	CM15-0220527		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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:

This is a 57-year-old male patient with an industrial injury date of 09-24-2012. The diagnoses include cervical sprain-strain of neck, headache, lumbar sprain-strain, myalgia and chronic odontoid stable fracture. Per the doctor's note dated 10-20-2015, he had increased neck pain for 2 days. The pain was rated as 8 out of 10. The treating physician noted the pain was helped with topical Lidopro. Objective findings include appropriate affect and mood. Per the doctor's note dated 6/5/15, physical exam revealed cervical guarding and TTP over the cervical paraspinal muscles. Medications included topical Lidopro (at least since 06-05-2015). Prior treatments included home exercise program, TENS, ice, heat and medications. On 10-22-2015 the request for Lidopro Topical Ointment times 1 (Date of service: 10-20-2015) 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:

**Retro: Lidopro topical ointment x 1 DOS: 10/20/15: 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:** Request: Retro: Lidopro topical ointment x1 DOS: 10/20/15 Lidopro is a topical compound cream, which contains capsaicin, lidocaine, menthol and methylsalicylate. 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. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Evidence of neuropathic pain was not specified in the records provided. Failure of antidepressants and anticonvulsants was not specified in the records provided. Any intolerance or contraindication to 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. Topical Capsaicin is not recommended in this patient for this diagnosis as cited above. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Retro: Lidopro topical ointment x 1 DOS: 10/20/15 was not fully established for this patient.