

<b>Case Number:</b>	CM15-0032770		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	12/20/2006
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Arizona

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 45-year-old female who reported injury on 12/20/2006. The mechanism of injury was a slip and fall. The injured worker was noted to suffer a fracture of the left ankle. The diagnosis included ankle sprain, chronic pain, and gastritis. Prior treatments included a home exercise program, paraffin baths, and a TENS unit. The documentation of 01/14/2015 revealed the injured worker had left ankle pain rated a 5/10. The injured worker had positive tenderness at the sinus tarsi. The injured worker declined a cortisone injection and indicated she would continue with a follow-up ankle physician and take medications as needed. The treatment plan included Lidopro cream. There was a Request for Authorization submitted for review dated 01/14/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Cream 121gm-Capcasian .000325g in 1g, Lidocaine Hydrochloride .04g in 1g Menthol .1g in 1g, Methyl Salicylate .275g in 1g Topical: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, page 28, Lidocaine Page(s): 105,111,102.

**Decision rationale:** Largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for formulation of 0.0375% versus 0.025% of capsaicin. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for Lidopro cream 121gm-capsaicin .000325g in 1g, lidocaine hydrochloride .04g in 1g menthol .1g in 1g, methyl salicylate .275g in 1g topical is not medically necessary.