

<b>Case Number:</b>	CM15-0042896		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 64 year old female, who sustained an industrial injury on July 9, 2011. She reported neck and back pain. The injured worker was diagnosed as having cervical and lumbar radiculopathy and rule out cervical, thoracic, and lumbar herniated nucleus pulposus. Treatment to date has included acupuncture, chiropractic therapy, x-rays, MRI, and medications including pain and non-steroidal anti-inflammatory. On January 16, 2015, the injured worker complains of intermittent neck pain radiating to the upper trapezius with intermittent numbness or tingling into her bilateral upper extremities. She has stabbing and burning across her low back pain and bilateral lower extremities pain, numbness, and tingling to the foot, greater on the left than the right. She has bilateral knee pain and mid back pain. The physical exam revealed cervical, upper thoracic and lumbar spine tenderness and decreased range of motion, intact sensation of the upper extremities, and decreased sensation of the left lumbar 4, lumbar 5, and sacral 1 dermatomes. There was decreased motor strength internal and external rotation of the upper extremities, decreased motor strength of the left lower extremity, hyperreflexic BOE reflexes, hyperreflexic bilateral Achilles reflexes, positive bilateral Hoffman's, positive left straight leg raise, normal right straight leg raise, negative bilateral slump test, positive left Lasegue, and negative bilateral L'Hermitte. The treatment plan includes topical compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Topical Ointment 4oz. #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57 and 112.

**Decision rationale:** This injured worker has chronic back pain with an injury sustained in 2011. Lidopro ointment is a compounded product consisting of capsaicin, lidocaine, menthol, and methyl salicylate. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support efficacy or side effects specific to lidopro or medical necessity for a non-recommended and compounded ointment such as lidopro.