

<b>Case Number:</b>	CM15-0046738		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Florida

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:

The injured worker is a 59 year old male, who sustained an industrial injury on January 17, 2007. The mechanism of injury is unknown. The injured worker was diagnosed as having post-traumatic CRPS I, sprain/strain of knee and/or leg, myofascial pain, lumbar sprain/strain with lumbar radiculopathy and insomnia. Treatment to date has included medications, HEP, ice/heat therapy. On April 2, 2015, the injured worker complained of left ankle flare up pain rated as an 8 on a 1-10 pain scale in severity that is not controlled with medications x1 day. He also complained of low back pain with left lower extremity tingling, numbness and burning. He reported multi injury pain without medications more than a 10/10 on the pain scale. He noted that his medications reduce his pain to a 4/10 on the pain scale. When his pain is reduced, he is able to walk, stretch and perform activities of daily living. The treatment plan included HEP, medications, paraffin bath to left ankle and ice/heat therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro ointment 121gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 Page(s): Topical Analgesics, pages 111-113.

**Decision rationale:** In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Lidopro, which is topical Lidocaine ointment. MTUS guidelines state regarding topical lidocaine that it may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidocaine is not considered a first line treatment. Therefore, this request is not found to be medically necessary.