

<b>Case Number:</b>	CM15-0055171		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old female, who sustained an industrial injury on March 15, 2013. She reported performing her usual duties when the roll-up door on the truck came down directly on her head. The injured worker was diagnosed as having concussion/head trauma (subconcussion), cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, muscle spasm, radiculopathy, paresthesia, sciatica, cephalgia, and an antalgic gait. Treatment to date has included thoracic spine MRI, lumbar spine MRI, cervical spine MRI, electromyography (EMG)/nerve conduction study (NCS), physical therapy, acupuncture, cervical epidural steroid injection (ESI), and medication. Currently, the injured worker complains of painful and tight neck, upper back, lower back, and headaches. The Primary Treating Physician's report dated March 5, 2015, noted the injured worker's pain worse with the cervical spine exam noted to show pain and spasm with decreased range of motion (ROM). The treatment plan included LidoPro Topical ointment dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Lidopro topical ointment 121gm:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, retro: Lido Pro cream is not medically necessary.