

<b>Case Number:</b>	CM15-0059484		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	12/24/2001
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: North Carolina, Georgia  
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 67 year old, female who sustained a work related injury on 12/24/01. The diagnoses have included left hip pain and lumbar spondylosis. Treatments have included left hip injections, medications, Lexapro cream, lumbar radiofrequency ablation and physical therapy. In the PR-2 dated 2/11/15, the injured worker complains of left hip pain. She complains of low back pain. The low back pain is made worse by any activity. She rates her pain a 6/10. She has tenderness in the lumbar facet joints. She has pain with lumbar extension. The treatment plan is to continue with medications including Lexapro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Lidopro cream 4% ointment (capsaicin, lidocaine, menthol and methyl salicylate (DOS 2/11/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Lidopro cream contains methyl salicylate, menthol, capsaicin and lidocaine. Methyl salicylate is a non steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, Lidopro cream is not medically necessary and the original UR decision is upheld. Therefore the request is not medically necessary.