

<b>Case Number:</b>	CM15-0082198		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 32 year old, male who sustained a work related injury on 7/9/11. The diagnoses have included lumbosacral strain, lumbosacral radiculopathy, shoulder, knee and myofascial pain. The 2012 MRI of the lumbar spine showed mild degenerative disc disease. The treatments have included oral medications, LidoPro, acupuncture, a home exercise program, modified work duty and physical therapy. In the PR-2 dated 2/9/15, the injured worker complains of increasing pain in lumbar spine area with some acute spasms. He has numbness and tingling. The treatment plan is a request for LidoPro. The medications listed are naproxen, omeprazole, Nuerontin, Flexeril and LidoPro topical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Qty 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications. The records did not show subjective or objective finding consistent with the diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line anticonvulsant and antidepressant medications. The guidelines recommend that topical medications be tried and evaluated individually for efficacy. The LidoPro product contains lidocaine 4.5% / capsaicin 0.0325% / salicylate 27.5% / menthol 10%. There is lack of guidelines or FDA support for the long term use of salicylate and menthol in the treatment of chronic musculoskeletal pain. The criteria for the use of LidoPro #2 was not met.