

<b>Case Number:</b>	CM15-0083424		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	05/14/1996
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old male sustained an industrial injury to the back on 5/14/96. Previous treatment included x-rays, physical therapy, ultrasound massage, acupuncture, injections, home exercise and medications. In a PR-2 dated 3/11/15, the injured worker complained of ongoing upper and lower back pain, rated 6/10 on the visual analog scale. The injured worker reported that medications helped with the pain. Physical exam was remarkable for a normal gait, tenderness to palpation (site not specified) and decreased range of motion. Current diagnoses included thoracic spine degenerative disc disease, lumbar spine degenerative disc disease, spondylosis of the lumbar spine and lumbar facet arthropathy. The injured worker received ultrasound massage therapy during the office visit. The treatment plan included trying to wean the injured worker off Norco and a prescription for Norco and Diazepam. Lidoderm topical was dispensed to help with pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 121gm:** Upheld

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

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

**Decision rationale:** The patient presents with upper and lower back pain rated 6/10. The request is for LIDOPRO 121GM. The request for authorization is dated 03/11/15. CR of the pelvis, 10/21/14, shows moderate degenerative changes at the psuedoarticulation of left lower lumbar segment and left S1 segment. CR of the hips, 10/21/14, are unremarkable. Physical examination reveals tenderness to palpation. Range of motion is decreased. Ultrasound massage treatment was done in the office. Patient felt better and comfortable with treatment. Patient notes meds help with pain. Patient's medications include Norco, Diazepam and Lidopro. Per progress report dated 03/11/15, the patient is to remain off-work. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per progress report dated 03/11/15, treater's reason for the request is "Dispensed Lidopro Topical to help with pain." It appears this is the initial trial prescription for Lidopro, as there is no documentation or discussion by treater of prior use by patient. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.