

<b>Case Number:</b>	CM15-0085983		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 57 year old female, who sustained an industrial injury on 03/18/2010. She reported pain in her back. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having degenerative disc disease and facet arthropathy, lumbar stenosis, and cervical arthralgia. Treatment and diagnostics to date has included physical therapy, acupuncture, chiropractic treatment, injections, lumbar spine MRI, lumbar spine surgery, home exercise program, and medications. In a progress note dated 02/13/2015, the injured worker presented with complaints of ongoing pain in her low back with burning and tingling down the left lower extremity to the top of the foot and neck and right arm pain. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the cervical and lumbar spine with spasms. The treating physician reported requesting authorization for a trial of LidoPro topical ointment to be used for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro (Capsaicin/lidocaine/menthol/methyl salicylate) topical ointment for lumbar spine, quantity unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43; 78; 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury more than five years ago and continues to be treated for radiating neck and low back pain. When seen, pain was rated at 8/10. Physical examination findings included decreased cervical spine range of motion with lumbar spine muscle spasms and decreased left lower extremity strength and sensation. Current medications included Terocin patches. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant is already using Terocin, a topical compounded medication. Prescribing LidoPro would be duplicative. Additionally, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.