

<b>Case Number:</b>	CM15-0230760		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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: 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 63 year old female, who sustained an industrial injury on 3-11-14. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbosacral neuritis or radiculitis and left hip or thigh strain. Subjective findings (6-22-15, 10-14-15) indicated chronic low back pain with left hip discomfort. She rated her pain 3-4 out of 10. Objective findings (6-22-15, 8-19-15 and 9-21-15) revealed decreased lumbar range of motion and tenderness to palpation. As of the PR2 dated 10-21-15, the injured worker reports 6 out of 10 low back pain with radiating pain from the lower back to the left thigh. She indicated pain relief for 3-4 days following acupuncture treatments. Objective findings include tenderness to palpation in the lumbar spine, lumbar flexion 160 degrees and extension 10-15 degrees. Current medications include LidoPro cream (since at least 9-21-15). Treatment to date has included acupuncture, cognitive behavioral therapy, a TENS unit and Naproxen. The Utilization Review dated 11-17-15, non-certified the request for LidoPro cream 121ml #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121ml, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.