

<b>Case Number:</b>	CM15-0233683		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	05/21/2015
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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: 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:

This injured worker is a 30 year old male who reported an industrial injury on 5-21-2015. His diagnoses, and or impressions, were noted to include: ankle sprain; plantar fasciitis; lumbar sprain-strain; and muscle spasm. Electrodiagnostic studies of the bilateral lower extremities were said to have been done on 9-15-2015, yielding normal results; and MRI of the lumbar spine was said to have been done on 9-24-2015, noting mild lumbar discogenic changes and sacroiliitis. His treatments were noted to include medication management and rest from work. The progress notes of 11-10-2015 reported right lumbar back pain, rated 8 out of 10, and improved left ankle-foot pain. The objective findings were noted to include tenderness to palpation, and a review of all recent diagnostic studies and medications. The physician's requests for treatment were noted to include a trial of Lidopro topical. The Request for Authorization, dated 11-10-2015, was noted to include Lidopro 121 ml. The Utilization Review of 11-24-2015 non-certified the request for Lidopro 121 ml.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 121 ML:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in May 2015 when he tripped and fell when his left foot became caught in garment rack. He sustained a twisting injury to his left ankle. He is also being treated for back pain. Treatments included medications and chiropractic care. His CURES report was reviewed in October 2015. He had received Norco and Percocet from two other providers in violation of his opioid contract. Electrodiagnostic testing in August 2015 was negative. An MRI of the lumbar spine in September 2015 showed findings of minimal discogenic changes at L4/5 and L5/S1 and bilateral sacroiliac joint erosions. When seen in November 2015 he was having gastrointestinal difficulty with nausea and vomiting after taking naproxen. He was having right-sided lumbar pain without radiating symptoms rated at 8/10. His left ankle and foot pain was improving. Physical examination findings were tenderness. Naproxen was discontinued. A trial of Lidopro was requested and he was given a prescription for Lidoderm. Continued chiropractic care was recommended. 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. 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 be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. For example, the claimant has left ankle pain and a generic topical salicylate would be appropriate since he had intolerance of naproxen. Lidopro is not considered medically necessary.