

<b>Case Number:</b>	CM14-0121538		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 42-year-old male who was reportedly injured on 10/10/2011 after a couch fell on him while moving it downstairs. Treatment included medications, activity modification, acupuncture and transcutaneous electrical nerve stimulation unit. Clinical note indicates continued pain and the injured worker is doing a home exercise program. Normal gait noted. Clinical notes provided very limited information and unclear about any documented benefit from use of ointment. A request made for Lidopro ointment was denied in the pre-authorization process on 07/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication - Lidopro Ointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** Lidopro contains capsaicin, lidocaine, menthol and methyl salicylate. According to the California MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety.

Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, which is not the case here. Furthermore, according to the California MTUS/ODG, the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Additionally, Lidoderm is the only FDA approved form of Lidocaine for topical use. Therefore, the request for Lidopro ointment is not medically necessary according to the guidelines.