

<b>Case Number:</b>	CM14-0130137		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/23/2002
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 51 year old female who reported an injury on 09/23/2009. The mechanism of injury was not provided. The injured worker had diagnoses of chronic pain syndrome, bilateral hip pain, sacroiliitis left greater than right, acute. Past treatment included medications, SACROILIAC JOINT (SI) joint injections, 8 sessions of acupuncture to the neck and back, and 3 sessions of chiropractic therapy. Diagnostic testing included an MRI of the lumbar spine and an Electromyography (EMG). The surgical history was not provided. The clinical note dated 06/23/2014 noted the injured worker reported symptoms of aching stabbing and burning back pain with radiation of numbness and tingling to the bilateral lower limbs down to the toes. The injured worker rated her pain at a 10/10 on the pain scale. The physical examination revealed gait was slow and the injured worker walked with the use of a single point cane. The lumbar spine exam showed a positive straight leg raise bilaterally and a positive Faber's exam bilaterally. The injured worker had tenderness over the bilateral lower lumbar facets, and positive facet joint loading. In addition the injured worker had diminished sensation to the bilateral L5 and S1 dermatomes and bilateral psoas. Medications included Ibuprofen 800mg, and Skelaxin 800mg. The injured worker also reported the use of terocin patches and lidopro topical ointment to reduce the amount of oral medication intake. The treatment plan was for Lido Pro Topical Ointment 4oz 1qty, and a toradol injection. The rationale for the request was to help decrease the pain. The request for authorization form was submitted 06/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Topical Ointment 4 oz 1 QTY:** 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 request for Lidopro topical ointment is not medically necessary. The injured worker has a history of chronic pain syndrome. Lidopro topical ointment contains Casaicin 0.0325%, Menthol 10%, Lidocaine 4.5% and Methyl Salicylate 27.5%. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. Any compound product that contains at least one drug (or drug clas) that is not recommended is not recommended. The guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide efficacy. The guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The use of capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The guidelines note topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of documentation indicating the injured worker has been unresponsive to or has not tolerated other treatments. The guidelines indicate there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation is effective. The guidelines do not recommend Lidocaine in cream form for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request is not medically necessary.