

<b>Case Number:</b>	CM14-0132737		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Family Medicine 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 patient is a 62-year-old female who has submitted a claim for carpal tunnel syndrome, shoulder impingement syndrome, cervical radiculitis, rotator cuff tear, and rotator cuff syndrome associated with an industrial injury date of 09/04/2012. Medical records from 09/09/2013 to 07/10/2014 were reviewed and showed that patient complained of right shoulder pain graded 7/10, neck pain graded 7/10 and right hand numbness graded 7/10. Physical examination revealed tenderness over the right shoulder, cervical paraspinal muscle and medial aspect of the right wrist, restricted cervical, shoulder, and wrist range of motion (ROM) was noted, and well-healed surgical scar over the right wrist was noted. MRI of the cervical spine dated 04/05/2013 revealed C4-5 and C5-6 disc protrusion and foraminal stenosis at C4-5, C5-6, and C6-7. Treatment to date has included right shoulder surgery (09/09/2013), right carpal tunnel release (12/2013), physical therapy, HEP, TENS. Utilization review dated 08/15/2014 denied the request for Retro Lidopro Ointment 121 gm. dispensed 7/14/14. The rationale was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Lidopro Ointment 121 gm. dispensed 7/14/14: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Salicylates, Topical.

**Decision rationale:** Lidopro Ointment contains 4 active ingredients; Capsaicin in a 0.0325% formulation, Lidocaine in a 4.5% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 27.5% formulation. Regarding the Capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of Lidocaine for compounded products, and Lidocaine is not recommended for topical use. ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where over-the-counter (OTC) topical muscle and joint pain relievers were applied. These products contain the active ingredients Menthol, Methyl Salicylate, or Capsaicin. In this case, the patient was prescribed Lidopro ointment (DOS: 07/14/2014); however, Lidopro contains 0.0325% Capsaicin and Lidocaine which are both not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Retro Lidopro Ointment 121 gm. dispensed 7/14/14 is not medically necessary.