

<b>Case Number:</b>	CM15-0111988		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 (IW) is a 32-year-old male who sustained an industrial injury on 07/06/2011. Diagnoses include progressive left L5 radiculopathy (secondary to L5-S1 disc bulge), possible posttraumatic sciatic neuropathy and left thigh laceration and compartment syndrome due to 2011 injury (P & S). Treatment to date has included medications, epidural steroid injections (ESI), physical therapy, psychological therapy, trigger point injections and activity modification. MRI of the pelvis on 2/27/15 showed mild bilateral cam type femoroacetabular impingement with associated labral tears bilaterally. Findings of the electro diagnostic testing on 3/3/15 were normal. According to the progress notes dated 5/7/15, the IW reported low back pain with left sciatica; he noted there was numbness and tingling in the left leg. The pain radiated down the left leg when transitioning from a sitting to a standing position. He also reported the trigger point injections he received on 4/14/15 were ineffective, but the previous ESI provided at least 50% pain relief for the low back and the left leg and lasted nearly three months. On examination, there was tenderness over the paraspinal muscles, especially in the low back and also in the left groin. Range of motion was painful in all planes. Straight leg raise was positive at 20 degrees on the left. There was hypersensitivity to light touch on the left lower extremity. A request was made for LidoPro cream per 5/7/15 request for topical analgesia and inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIdopro cream, Qty 1:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request for Lido Pro cream is not medically necessary.