

<b>Case Number:</b>	CM15-0118969		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: California

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:

The injured worker is a 57 year old female, who sustained an industrial injury on January 24, 2014, incurring right ankle injuries after being struck with a shopping cart. She was diagnosed with Achilles bursitis tendonitis and retro calcaneal exotosis. Magnetic Resonance Imaging of the right ankle and foot revealed a partial tear of the Achilles tendon. Treatments included physical therapy, bracing, topical analgesic creams, home exercise program, orthotics, anti-inflammatory drugs, pain medications, and work modifications. She underwent a right foot retro calcaneal exostectomy. Currently, the injured worker complained of persistent right ankle and heel pain with decreased walking tolerance. The treatment plan that was requested for authorization included a prescription for Lidopro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 4 oz tube, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** LidoPro ointment is a topical formulation that includes Capsaicin 0.0325%, Lidocaine, Menthol 10%, and Methyl Salicylate 27.5%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Chronic Pain Medical Treatment Guidelines provides guidelines on topical capsaicin in two separate sections. On pages 28-29 the following statement regarding topical capsaicin is made: "Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain). 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 any further efficacy." LidoPro ointment has Capsaicin 0.0325%. Therefore based on the guidelines, LidoPro topical is not medically necessary.