

<b>Case Number:</b>	CM15-0126189		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	11/15/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 York

Certification(s)/Specialty: Pediatrics, Internal 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 is a 37 year old male, who sustained an industrial injury on November 15, 2014. He reported falling off a ladder injuring his right knee. The injured worker was diagnosed as having a right knee injury with ganglion/meniscal tear and lumbar sprain/strain per MRI. Treatments and evaluations to date have included MRIs, chiropractic treatments, TENS, bracing, and medication. Currently, the injured worker complains of right knee and lower back pain that radiates to the lower extremities, right greater than left. The Primary Treating Physician's report dated June 15, 2015, noted the injured worker with a pain level of 6, with good relief with the Lidopro patches, helping to avoid use of controlled medications. Physical examination was noted to show the right knee with decreased range of motion (ROM) and tender areas noted along the lateral and medial aspect of the joint line. The treatment plan was noted to include continued Naproxen and omeprazole, await a second opinion orthopedic evaluation, and request for unknown quantity of Lidopro patches. The injured worker was noted to remain off work until July 15, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of LidoPro patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The requested compound medication of LidoPro has the active ingredients of Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The guidelines note that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain and also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. The documentation provided failed to include the injured worker's response to the Lidopro with objective, measurable improvement in pain and functionality, or any indication that the injured worker had not responded, or was intolerant to other treatments. The compounded medication also included Lidoderm, which is not recommended in that form. The treating physician's request did not include the concentration, quantity, site of application, or directions for use of the requested Lidoderm. As such, the prescription is not sufficient and the request for an unknown prescription of LidoPro patches is not medically necessary.