

<b>Case Number:</b>	CM15-0061326		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male, who sustained an industrial injury on 8/21/2013. The mechanism of injury was not provided for review. The injured worker was diagnosed as having lumbosacral sprain/strain, myofascial pain, lumbar radiculopathy, lumbar degenerative disc disease and lumbosacral/thoracic neuritis or radiculitis. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care and medication management. In a progress note dated 3/2/2015, the injured worker complains of chronic neck, shoulder and low back pain. The treating physician is requesting Lidopro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream (capsaicin/lidocaine/menthol/methyl salicylate) 121 grams:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Lidopro cream (capsaicin/lidocaine/menthol/methyl salicylate) 121 grams. The treating physician states, "Lumbar Sprain/Strain. Lidopro cream. Please kindly provide authorization." (14B) The MTUS guideline only recommended lidocaine as a dermal patch not as not a cream and capsaicin is only recommended if the patient has not responded or is intolerant to other treatments. In this case, the treating physician has documented that the patient is responding well to other treatments and has prescribed a cream that the MTUS guidelines do not recommended. The current request is not medically necessary and the recommendation is for denial.