

<b>Case Number:</b>	CM15-0063711		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56-year-old female, who sustained an industrial injury on January 13, 2012. Treatment to date has included medication, TENS unit, home exercise program and orthotics. Currently, the injured worker complains of left knee pain, which she describes as constant, stabbing, locking, and with swelling. The pain is rated a 7 on a 10-point scale and is aggravated with activity. She reports occasional radiation of pain to the left foot with associated numbness and tingling. Diagnoses associated with the injured worker's care included derangement of medial meniscus of the left knee and left ankle sprain. Her treatment plan includes continuation of Norco, Tylenol, Lidopro Cream and TENS patches, and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective topical Lidopro cream 121 gm dispensed on 2/26/2015: 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 9792.20 ? 9792.26 Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for lidopro, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel is indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations, which are not in patch form. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." As such, the currently requested Lidopro lotion is not medically necessary.