

<b>Case Number:</b>	CM15-0067273		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 48 year old male injured worker suffered an industrial injury on 12/16/2013. The diagnoses included major depressive disorder, post-traumatic stress disorder, cervical discogenic disease, impingement syndrome of the right shoulder, thoracic disc bulges, lumbar discogenic disease with radiculopathy and insomnia. The diagnostics included right shoulder, lumbar and cervical magnetic resonance imaging and electromyographic studies. The injured worker had been treated with medications and psychotherapy. On 2/23/2015 the treating provider reported shooting pain in the left lower extremity. There is tenderness along the cervical facets, lumbar spine along with tenderness to the right shoulder with positive impingement syndrome. The treatment plan included Lidopro Ointment and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Ointment 121gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 104, 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topical Page(s): 111-113 and 105.

**Decision rationale:** Lidopro Ointment 121gm #1 is not medically necessary per MTUS guidelines. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS Guideline state that 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. The MTUS does not support topical Lidocaine in ointment form. Although Menthol is not specifically addressed in the MTUS menthol is present in Ben Gay as is methyl salicylate both of which is recommended by the MTUS. There is no evidence patient has tried the above mentioned first line therapy medications. Per the guidelines any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Guidelines do not support topical Lidocaine in ointment form therefore LidoPro ointment is not medically necessary.

**Gabapentin 600mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** Gabapentin 600mg #90 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that antiepileptic drugs are recommended for neuropathic pain (pain due to nerve damage). Gabapentin is first line treatment for neuropathic pain. The documentation describes radicular leg symptoms which would be considered neuropathic in nature therefore this medication is medically necessary.