

<b>Case Number:</b>	CM15-0071367		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	01/21/2004
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Massachusetts

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 76 year old male, who sustained an industrial injury on 1/21/2004. He reported injury of the low back. The injured worker was diagnosed as having facet mediated lumbar pain, and chronic low back pain/facet osteoarthritis. Treatment to date has included medications, x-ray, magnetic resonance imaging, lumbar epidural steroid injection, and lumbar medial branch block. The request is for LidoPro cream. The records indicate he had approximately 80% pain relief for 3 months with lumbar medical branch block. On 3/9/2015, he is seen for low back pain. The records indicate there is no change from previous visit. He rated his pain as 9/10, and that Norco and Oxycontin reduce this pain down to 6/10. The records indicate LidoPro helps to "reduce the pain significantly". He is requesting medication refills for: Norco, Oxycontin, and Senna-S. The treatment plan included: LidoPro topical ointment, and repeat rhizotomy at L3-4, L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain due to facet arthropathy. Treatments have included medications and medial branch radiofrequency ablations. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.