

<b>Case Number:</b>	CM15-0090507		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old female patient who sustained a work related injury on 10/20/08. She lifted a mop bucket and felt pain in the lumbar region. The diagnoses have included lumbar sprain/strain, lumbosacral neuritis/radiculitis, myofascial pain and sacroiliac joint arthropathy. Per the PR-2 dated 4/4/15, she had complains of low back pain that "comes and goes" and radiates to both legs. Physical examination revealed tenderness to touch over right calcaneal bursa. The medications list includes diclofenac, omeprazole, gabapentin, cyclobenzaprine and lidopro ointment. Treatments have included a home exercise program, physical therapy, lumbar epidural steroid injections, TENS unit therapy, oral medications and LidoPro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 4oz times 2:** Upheld

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

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

**Decision rationale:** Request: Lidopro 4oz times 2. Lidopro is a topical compound cream which contains capsaicin, lidocaine, menthol and methylsalicylate. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended.

Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Capsaicin are not recommended in this patient for this diagnosis as cited. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Lidopro 4oz times 2 is not fully established for this patient.