

<b>Case Number:</b>	CM15-0093633		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old female who sustained a work related injury May 20, 2014. According to a primary treating physician's progress report, dated April 24, 2015, the injured worker presented with complaints of neck, upper back, and right shoulder pain, rated 7/10. She reports the pain to be stable and controlled with current medication. Physical examination of the thoracic spine reveals tenderness over the paraspinal muscles, marked tenderness and spasm in the right interscapular region rhomboid muscle, with tight band and positive jump sign. The lumbar spine reveals tenderness in the right paravertebral regions, and right sacroiliac joint. Cervical spine reveals evidence of spasm right cervical spine and right interscapular region, paravertebral region on the right, and positive Spurling's test on the right for neck pain only. Diagnoses are cervical spondylosis; radiculopathy of cervical spine; cervical myofascial pain syndrome; lumbosacral spondylosis without myelopathy and sprain/strain of sacroiliac. Treatment plan included a request for authorization for LidoPro topical ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro (lidocaine 4%, methyl salicylate 27.5%, capsaicin 0.0325%, and menthol 10%) topical ointment 121gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Per the 8 C.C.R. 9792.20 - 9792.26 Page(s): 112 of 127.

**Decision rationale:** This claimant was injured now over a year ago. There is chronic neck and shoulder pain. The lumbar spine has tenderness. There is no mention of GI issues that would drive the need for topical medicine. LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, 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, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.