

<b>Case Number:</b>	CM15-0094954		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old female, with a reported date of injury of 02/08/2013. The diagnoses include cervical sprain/strain, lumbosacral sprain/strain, and neuralgia. Treatments to date have included oral medications; an MRI of the lumbar spine on 08/01/2013 which showed significant facet arthropathy at L4-5; acupuncture; physical therapy; home exercise program; transcutaneous electrical nerve stimulation (TENS) unit; and chiropractic sessions. The progress report dated 04/20/2015 indicates that the injured worker complained of low back pain and right shoulder pain. She had occasional swelling in the right side of her body with associated heaviness and weakness; right shoulder weakness; and intermittent numbness throughout the opposite sides of the body whenever she rotated her head right or left. The injured worker's neck/upper back pain was rated 6 out of 10, with occasional radiation to the right upper extremity with numbness, tingling, and weakness to the right shoulder, which was rated 5 out of 10; the low back pain was rated 6 out of 10, with radiation to the right lower extremity with throbbing, numbness, tingling to the right knee. The objective findings include decreased sensation in the right upper extremity, decreased grip strength in the right hand, decreased sensation in the right lower extremity, and weakness in the right lower extremity. The treating physician requested Gabapentin 100mg #60 and Lidopro Cream 120 grams #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Lidopro cream 120gm #1 DOS: 04/20/2015:** Upheld

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

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

**Decision rationale:** The patient has persistent complaints of neck, upper back and low back pain with occasional radiation of pain into the right upper and lower extremities. The current request is for retrospective Lidopro cream 120gm #1 DOS 4/20/15. MTUS guidelines on topical analgesics page 111 (chronic pain section) state the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro is a compound topical cream .0325% Capsaicin, Lidocaine 4.5%, Menthol 10%, Methyl Salicylate 27.5%. MTUS guidelines page 111 states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Strength of Capsaicin recommended is no more than 0.025%. Review of the reports show no discussion is made regarding the efficacy and use of this topical product. MTUS page 111 further states regarding lidocaine topical analgesics, "Only FDA approved products are recommended," and only in a patch form such as lidoderm. Given that this topical compound contains lidocaine in a cream formulation, recommendation is for denial and is not medically necessary.