

Case Number:	CM14-0022714		
Date Assigned:	06/11/2014	Date of Injury:	07/06/2003
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 78-year-old female who was reportedly injured on 7/6/2003. The mechanism of injury was not listed. There were no progress notes available for review. A request was made for Norco 10/325 mg #60 and Lidopro Topical Ointment 4 oz. #1. Norco #60 was certified, but the Lidopro was not certified in the pre-authorization process on 2/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR LIDOPRO TOPICAL OINTMENT 4OZ #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 Page(s): 112.

Decision rationale: Lidopro is a compounded preparation which includes capsaicin, lidocaine, menthol and methyl salicylate. Neither lidocaine nor menthol are supported by the CA MTUS. Per MTUS guidelines, when one component of a product is not medically necessary, the entire product is not medically necessary. This medication is not considered medically necessary.