

Case Number:	CM14-0101578		
Date Assigned:	07/02/2014	Date of Injury:	12/13/2013
Decision Date:	01/28/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented █████ employee, who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of December 13, 2013. In a Utilization Review Report dated June 9, 2014, the claims administrator approved a request for Motrin while denying a request for Lidopro ointment. 7/10 pain was noted. The claims administrator alluded to a progress note of May 9, 2014 in its decision. The applicant's attorney subsequently appealed. In a March 28, 2014 progress note, the applicant was given prescriptions for oral ketoprofen, oral omeprazole and oral Naprosyn in conjunction with the topical compounded Lidopro ointment. Additional chiropractic manipulative therapy was sought for primary diagnoses of low back and mid back pain. The applicant had developed ancillary complaints of depression. The applicant was using a cane to move about. The applicant was placed off of work, on total temporary disability. On May 9, 2014, the applicant reported ongoing complaints of low back pain, 7/10. The applicant was reporting a flare of pain. The applicant was using a cane to move about. The applicant was seemingly unimproved. Wellbutrin and Topamax were endorsed, along with the Lidopro ointment at issue. The applicant was given a rather proscriptive 50-pound lifting limitation on this occasion, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical capsaicin topic Page(s): 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: DailyMed - LIDOPRO- capsaicin, lidocaine, menthol and dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9. Dec 3, 2012 - Label: LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment. Label RSS; Share. : JavaScript needed for Sharing tools.

Decision rationale: Lidopro, per the National Library of Medicine, is an amalgam of capsaicin, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that capsaicin should be reserved for use as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Topamax, Wellbutrin, Naprosyn, tramadol, etc., effectively obviated the need for the capsaicin-containing Lidopro ointment at issue. Therefore, the request is not medically necessary.