

Case Number:	CM15-0103198		
Date Assigned:	06/05/2015	Date of Injury:	03/20/2014
Decision Date:	07/09/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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, New York, 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 applicant is a represented 26-year-old who has filed a claim for chronic neck, upper back, elbow, wrist, and hand pain reportedly associated with an industrial injury of March 20, 2014. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for topical LidoPro lotion. A RFA form of March 8, 2015 and associated progress note of March 5, 2015 were referenced in the determination. In a Medical-legal Evaluation dated May 16, 2015, it was acknowledged that the applicant was off of work and had been off of work for the preceding five months. The applicant's medication list was not detailed. In a May 12, 2015 progress note, the applicant reported multifocal complaints of neck, upper back, bilateral elbow, bilateral wrist, and bilateral hand pain. The applicant stated that restrictions were unchanged, noting an overall level of pain of 6/10. The applicant was apparently avoiding going to work, socializing, and performing household chores, the treating provider acknowledged, owing to her ongoing complaints of hand and wrist pain. Naproxen and the topical LidoPro compound in question were furnished. The applicant was also given work restrictions, which the attending provider acknowledged that the applicant's employer was unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retrospective prescription of LidoPro date of service 5/5/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LIDOPRO- capsaicin, lidocaine, menthol and DailyMed dailymed.nlm.nih.gov/dailymed/getFile.cfm?setid...94b9...LIDOPRO-capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: No, the request for topical LidoPro lotion was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concurrent provision with a prescription for naproxen, a first-line oral pharmaceutical, on the May 12, 2015 progress note at issue, effectively obviating the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.