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| <b>Case Number:</b>   | CM15-0148358 |                              |            |
| <b>Date Assigned:</b> | 08/11/2015   | <b>Date of Injury:</b>       | 04/30/2008 |
| <b>Decision Date:</b> | 09/15/2015   | <b>UR Denial Date:</b>       | 07/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/22/2015 |

### 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 50-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 30, 2008. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for topical LidoPro patches. The claims administrator referenced an RFA form received on July 9, 2015 in its determination, along with an associated progress note of the same date. The applicant's attorney subsequently appealed. On March 1, 2015, the applicant was given prescriptions for naproxen, Neurontin, and Prilosec. The applicant was returned to regular duty work on that date. The applicant was working, it was acknowledge, despite ongoing complaints of low back pain. On July 9, 2015, topical LidoPro was endorsed. In an associated progress note of June 4, 2015, the applicant was returned to regular duty work. 4/10 low back pain complaints were reported. The applicant was using ibuprofen for pain relief on the grounds that previously prescribed naproxen had not proven helpful. The applicant was asked to discontinue Neurontin on the grounds that there was no need for the same at this time, suggesting that the applicant's pain complaints had reduced significantly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro patch #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed: [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov) Dec 1, 2012 - LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

**Decision rationale:** No, the request for topical LidoPro 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, i.e., the primary ingredient in the compound, is not recommended except in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's seemingly successful usage of first-line oral pharmaceuticals such as ibuprofen, per a progress note of June 4, 2015, effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.