

Case Number:	CM15-0160885		
Date Assigned:	08/27/2015	Date of Injury:	05/29/2006
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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 70-year-old who has filed a claim for chronic hip, back, knee, wrist, neck, mid back, and low back pain reportedly associated with an industrial injury of May 29, 2006. In a Utilization Review report dated July 27, 2015, the claims administrator failed to approve a request for topical LidoPro. The claims administrator referenced a July 1, 2015 progress note and associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 1, 2015, Naprosyn, Prilosec, and LidoPro were endorsed. In an associated progress note of the same date, July 1, 2015, the applicant reported ongoing complaints of neck, mid back, low back, wrist, and hand pain. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with a 10-pound lifting limitation in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 4oz (apply as Directed 30 day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - Lidopro- capsaicin, lidocaine hydrochloride, <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=fc4f4081>, FDA Guidance & Information; NLM SPL Resources, Capsaicin 0.0325%, Lidopro- capsaicin, lidocaine hydrochloride, menthol and methyl salicylate.

Decision rationale: No, the request for topical LidoPro ointment was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine, is an amalgam of capsaicin, lidocaine, Menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guideline notes that topical capsaicin, i.e., the primary ingredient in the compound in question, is recommended only as a last-line agent, in applicants who have not responded to or are intolerant to other treatments. Here, however, the applicant's concomitant usage of first-line oral pharmaceuticals such as Naprosyn effectively obviated the need for capsaicin-containing LidoPro compound at issue. Therefore, the request was not medically necessary.