

Case Number:	CM15-0182305		
Date Assigned:	09/23/2015	Date of Injury:	02/25/2013
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/16/2015

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 57-year-old who has filed a claim for chronic shoulder, elbow, and wrist pain reportedly associated with an industrial injury of February 25, 2013. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve a request for a topical LidoPro cream. The claims administrator referenced a September 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On April 1, 2015, the applicant reported 7/10 neck and shoulder pain complaints. The applicant was apparently working with a 10-pound lifting limitation in place. The applicant was using tramadol for pain relief, it was reported. On May 13, 2015, Prilosec, tramadol, and Motrin were endorsed. The applicant was returned to modified duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation LIDOPRO (capsaicin,

lidocaine, menthol, and DailyMed

dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid. 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 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the primary ingredient in the compound, is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant to other treatments. Here, however, the applicant's ongoing, long-standing, seemingly suggested usage of multiple first-line oral pharmaceuticals to include Motrin and tramadol, taken together, effectively obviated the need for the capsaicin ingredient in the amalgam. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.