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| <b>Case Number:</b>   | CM15-0182892 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 02/09/2010 |
| <b>Decision Date:</b> | 11/09/2015   | <b>UR Denial Date:</b>       | 09/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2015 |

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 9, 2010. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve requests for topical LidoPro cream while approving Neurontin, naproxen, and tramadol. An August 29, 2015 date of service was referenced in the determination. On a Doctor's First Report (DFR) dated August 29, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain. Physical therapy, unspecified medications, and an epidural steroid injection were endorsed while the applicant was kept off of work, on total temporary disability. On an associated RFA form dated August 19, 2015, naproxen, Neurontin, and the topical LidoPro cream in question were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121 gm QTY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation LIDOPRO (capsaicin, lidocaine, menthol, and ...

DailyMeddailymed.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 cream 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 as a last-line treatment, for applicants who have not responded to or are intolerant of other treatments. Here, the applicant's concomitant usage of multiple first-line oral pharmaceuticals to include tramadol, Neurontin, naproxen, etc., effectively obviated the need for the capsaicin-containing LidoPro cream at issue. Therefore, the request was not medically necessary.