

<b>Case Number:</b>	CM15-0184262		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	02/26/2007
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 26, 2007. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve a request for a topical LidoPro ointment. The claims administrator referenced a progress note and an associated RFA form of August 24, 2015 in its determination. The applicant's attorney subsequently appealed. On RFA form dated August 24, 2015, topical LidoPro and TENS unit patches were sought. On an associated progress note dated August 24, 2015, the applicant reported ongoing complaints of low back pain radiating to the lower extremities. The applicant was working part-time as a security guard. The applicant was using Neurontin and LidoPro, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro oin 121 grams #1, no refills:** 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): Capsaicin, topical. Decision based on Non-MTUS Citation LIDOPRO (capsaicin,

lidocaine, menthol, and DailyMed

[dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...](http://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 ointment was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, and menthol and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that topical capsaicin, i.e., the primary ingredient in the LidoPro amalgam, is recommended only as last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, the applicant's concomitant usage of gabapentin, an anticonvulsant adjuvant medication, effectively obviated the need for capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.