

Case Number:	CM15-0020449		
Date Assigned:	02/10/2015	Date of Injury:	10/08/2013
Decision Date:	04/16/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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 49-year-old who has filed a claim for shoulder pain reportedly associated with an industrial injury of October 8, 2013. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve a request for topical LidoPro ointment apparently prescribed and/or dispensed on January 8, 2015. Progress notes of October 13, 2014 and October 27, 2014, were referenced in the determination. The applicant's attorney subsequently appealed. In a December 29, 2014 progress note, the applicant was returned to regular duty work with minimal, 1/10 neck and shoulder pain was noted. The applicant was asked to employ Tylenol for pain relief, in conjunction with a TENS unit. On October 20, 2014, the applicant was, once again, returned to regular duty work. 0 to 3/10 was reported, reportedly well controlled, the applicant was working as a bus driver, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical ointment, 4 ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 Daily Med - LIDOPRO- capsaicin, lidocaine, menthol and dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ef3f3597-94b9. FDA Guidances & Info; NLM SPL Resources. Download Data. Label: LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: No, the request for 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 Guidelines notes that topical capsaicin, the primary ingredient in the compound at issue, is recommended only as a last line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant was described as employing oral Tylenol with good effect. Only minimal complaints of pain ranging from 0 to 3/10 were reported on several office visits on or surrounding the date of Utilization Review Report, referenced above. The applicant's pain complaints were reportedly well controlled on tramadol, the treating provider reported on several occasions, seemingly obviating the need for the capsaicin-containing LidoPro ointment at issue. Therefore, the request was not medically necessary.