

<b>Case Number:</b>	CM15-0024263		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 44-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of March 15, 2012. In a Utilization Review Report dated January 16, 2015, the claims administrator denied a request for topical LidoPro cream dispensed on December 9, 2014. The applicant's attorney subsequently appealed. On December 9, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back and shoulder pain. The applicant was asked to continue unspecified medications via an RFA form of the same date, December 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE Lido-pro topical cream (12/9/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Functional Restoration Approach to Chronic Pain Management Page(s): 28; 7. 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 topical LidoPro cream was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is a capsaicin containing topical compound. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the December 9, 2014 progress note at issue made no mention of issues with intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify ongoing usage of the capsaicin-containing LidoPro compound at issue. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, the December 9, 2014 progress note contained no references to medication efficacy. There was no mention of the topical compound at issue in the body of the report, let alone any discussion of medication efficacy. Therefore, the request was not medically necessary.