

<b>Case Number:</b>	CM15-0213313		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 32-year-old who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of July 10, 2012. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve a request for topical LidoPro cream. The claims administrator referenced a September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 16, 2015 office visit, the applicant reported multifocal complaints of shoulder, elbow, and wrist pain. The applicant was placed off of work, on total temporary disability. 8/10 pain complaints were reported. The applicant was on oral Tylenol for pain relief, the treating provider reported. Topical LidoPro was seemingly prescribed and dispensed toward the bottom of the note, the treating provider reported. The treating provider incidentally noted that the applicant was breastfeeding.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121gram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation National Library of Medicine (NLM) DailyMed LIDOPRO capsaicin, lidocaine hydrochloride.

**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 stipulates that topical capsaicin, i.e., the primary ingredient in the LidoPro compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, thus, the applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Tylenol effectively obviated the need for the capsaicin containing LidoPro compound at issue. The attending provider failed to furnish a clear or compelling rationale for usage of topical LidoPro in the face of the applicant's reportedly being able to employ Tylenol while breastfeeding. Therefore, the request was not medically necessary.