

Case Number:	CM15-0217543		
Date Assigned:	11/09/2015	Date of Injury:	01/05/2013
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/04/2015

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 hand, wrist, and elbow pain reportedly associated with an industrial injury of January 5, 2013. In a Utilization Review report dated November 4, 2015, the claims administrator failed to approve a request for topical LidoPro cream while apparently approving a heating pad. The claims administrator referenced an October 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an October 21, 2015, the applicant had multifocal complaints of wrist, elbow, and neck pain. The applicant was using oral Relafen and gabapentin apparently, the treating provider acknowledged. A heating pad and LidoPro cream were also dispensed. The applicant was not working with limitation in place the treating provider acknowledged, on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs).
Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207e> Lidopro (capsaicin, Lidocaine, menthol and methyl salicylate) ointment.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation U.S. NATIONAL LIBRARY OF MEDICINE LABEL: LIDOPRO - capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment.

Decision rationale: No, the request for topical LidoPro 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, i.e., the primary ingredient in the compound, is recommended only as a last line option, for applicants who have responded to or are intolerant of other treatments. Here, however, the applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first line oral pharmaceuticals such as Relafen and Neurontin effectively obviated the need for the capsaicin-containing LidoPro compound at issue. Therefore, the request was not medically necessary.