

<b>Case Number:</b>	CM15-0219422		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 31-year-old who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of September 18, 2014. In a Utilization Review report dated October 22, 2015, the claims administrator failed to approve a request for topical LidoPro cream. The claims administrator referenced a September 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing of October 19, 2015 was notable for a right-sided cervical radiculopathy. On an RFA form dated October 28, 2015, LidoPro cream and TENS unit patches were endorsed. On an associated handwritten note dated October 22, 2015, difficult to follow, not entirely legible, it was suggested that the applicant had apparently returned to work. On an October 2, 2015 office visit, the applicant reported ongoing issues with chronic neck and back pain, 7/10. The applicant was asked to continue usage of naproxen, Prilosec, TENS unit patches, a Thera Cane massager, topical LidoPro cream, and a heating pad. The treating provider stated that the applicant had ceased working 3 weeks prior 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 (Capsaicin .000325g in 1g/Lidocaine .045g in 1g/Menthol .1g in 1g/Methyl Salicylate .275g in 1g): Upheld**

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

**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 rationale:** No, the request for topical LidoPro cream was not medically necessary, medically appropriate, or indicated here. LidoPro 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 not 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 naproxen effectively obviated the need for the capsaicin-containing LidoPro compound at issue. Therefore, the request is not medically necessary.