

Case Number:	CM15-0036628		
Date Assigned:	03/05/2015	Date of Injury:	10/24/2013
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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 53-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 24, 2013. In a Utilization Review Report dated February 13, 2015, the claims administrator denied a request for topical LidoPro reportedly prescribed and/or dispensed on February 5, 2015. The applicant's attorney subsequently appealed. In a December 24, 2014 progress note, the applicant reported persistent complaints of low back pain. Electrodiagnostic testing of lower extremities, oral ketoprofen, oral tramadol, Prilosec, and topical LidoPro cream were endorsed, along with functional capacity testing and electrodiagnostic testing of the bilateral lower extremities. The applicant's work status was not clearly stated, although the applicant did not appear to be working with a 25-pound lifting limitation in place. In a handwritten note dated February 16, 2015, various medications, including the LidoPro cream at issue were apparently refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Cream, 121gm (4 fl oz), #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - LIDOPRO-capsaicin, lidocaine, menthol and ...dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ef3f3597-94b9...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. As noted by the National Library of Medicine (NLM), 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 lidocaine is indicated 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 on a progress note of December 24, 2014 as employing a variety of first-line oral pharmaceuticals, including oral ketoprofen, oral tramadol, etc., seemingly obviating the need for the capsaicin-containing LidoPro cream at issue. Therefore, the request was not medically necessary.