

Case Number:	CM15-0036678		
Date Assigned:	03/05/2015	Date of Injury:	09/28/2013
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
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 22-year-old [REDACTED] beneficiary who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of February 20, 2013. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve request for topical LidoPro ointment. The claims administrator referenced a December 31, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated February 11, 2015, the attending provider stated that he was appealing the decision to deny LidoPro. In a January 19, 2015 progress note, difficult to follow, not entirely legible, the applicant reported 4/10 wrist pain. The applicant was given prescriptions for oral fenopfen and topical LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 12mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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...
FDA Guidances & Info; NLM SPL Resources. Download Data ... Label: LIDOPRO- capsaicin,
lidocaine, menthol and methyl salicylate ointment.

Decision rationale: 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 notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of first-line oral pharmaceuticals, including oral fenoprofen, effectively obviated the need for the capsaicin containing LidoPro cream. Therefore, the request was not medically necessary.