

<b>Case Number:</b>	CM15-0049902		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	11/06/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 who has filed a claim for chronic knee, low back, and foot pain reportedly associated with an industrial injury of November 6, 2010. The claims administrator failed to approve a request for topical LidoPro lotion through the utilization review process. The applicant's attorney subsequently appealed. In a February 12, 2015 progress note, the applicant reported ongoing complaints of low back pain, 6/10, exacerbated by lifting, standing, and walking. The applicant was using tramadol, Relafen, and topical LidoPro ointment, it was acknowledged, several of which were refilled. The applicant's work status was not clearly detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 prescription of LidoPro topical ointment #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**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...](http://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:** No, the request for topical LidoPro ointment 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 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 numerous first-line oral pharmaceuticals, including Relafen, tramadol, etc., effectively obviated the need for the capsaicin-containing LidoPro ointment in question. Therefore, the request was not medically necessary.