

Case Number:	CM15-0049995		
Date Assigned:	03/23/2015	Date of Injury:	11/21/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	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 26-year-old [REDACTED] beneficiary who has filed a claim for chronic knee, leg, and shoulder pain syndrome reportedly associated with an industrial injury of November 21, 2013. In a Utilization Review Report dated March 4, 2015, the claims administrator denied a request for topical LidoPro ointment. An RFA form and associated progress note of February 20, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On September 8, 2014, it was suggested that the applicant has returned to work, despite ongoing complaints of shoulder and knee pain. The applicant was not using any medications at that point in time, it was suggested. In a handwritten prescription form dated February 20, 2015, topical LidoPro was endorsed, without any associated narrative commentary or progress note. In an RFA form dated December 12, 2014, Flexeril and Naprosyn were endorsed. On December 22, 2014, the applicant received refills of Naprosyn, Prilosec, and Flexeril. The applicant was placed off work, on total temporary disability, on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Lidopro ointment (Capsaicin .0325% Lidocaine 4.5% Menthol 10% Methyl Salicylate 27.5%) 121 gm: 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, Label: LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: No, the request for LidoPro ointment 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 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 medications. Here, however, there was no mention of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing LidoPro compound in question. The applicant's ongoing usage of numerous first line oral pharmaceuticals, including Naprosyn and Flexeril, moreover, would seemingly obviate the need for the compound in question. Therefore, the request was not medically necessary.