

Case Number:	CM15-0052827		
Date Assigned:	03/26/2015	Date of Injury:	06/05/2014
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

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 33-year-old who has filed a claim for chronic neck, upper back, low back, and shoulder pain with derivative complaints of depression reportedly associated with an industrial injury of June 4, 2014. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for LidoProfen ointment. The claims administrator referenced a progress note of February 9, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated March 16, 2015, the applicant reported ongoing complaints of low back, neck, and shoulder pain. The applicant was using Neurontin, Flexeril, and Wellbutrin, it was acknowledged. The applicant developed issues with depression. The applicant was using LidoPro ointment, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoprofen ointment 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LIDOPRO.

Decision rationale: No, the request for "LidoProfen" was not medically necessary, medically appropriate, or indicated here. The request appears to represent a misspelling. The applicant was described on March 16, 2015 as using LidoPro ointment. LidoPro, per the National Library of Medicine, is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin, the primary ingredient in the compound, is not recommended except as a last line agent, in 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 Neurontin, Wellbutrin, Flexeril, etc., effectively obviated the need for the capsaicin-containing LidoPro ointment in question. Therefore, the request was not medically necessary.