

Case Number:	CM15-0113305		
Date Assigned:	06/19/2015	Date of Injury:	11/07/2014
Decision Date:	07/22/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/11/2015

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 58-year-old who has filed a claim for chronic shoulder, elbow, neck, and mid back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of November 7, 2014. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for topical LidoPro cream. The claims administrator referenced a May 14, 2015 RFA form and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. In a June 10, 2015 RFA form, LidoPro cream, TENS unit patches, naproxen, and Lexapro were endorsed. In an associated progress note of June 10, 2015, the applicant was placed off work, on total temporary disability. Multifocal complaints of neck, mid back, elbow, and shoulder pain were reported. Naproxen, Lexapro, Lidoderm patches and TENS unit supplies were endorsed while the applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective LidoPro cream 121 gm (5/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic) topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LidoPro 4%, DailyMeddaily.med.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid...b332...Feb 3, 2015, LIDOPRO- capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment ...LidoPro Topical Pain Relief Ointment & Applicator .

Decision rationale: No, the request for LidoPro 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 capsaicin, the primary ingredient in the compound, 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 various first-line oral pharmaceuticals, including naproxen, effectively obviated the need for the capsaicin-containing LidoPro ointment in question. Therefore, the request was not medically necessary.