

<b>Case Number:</b>	CM15-0120329		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/21/2006
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of October 21, 2010. In a Utilization Review report dated June 8, 2015, the claims administrator approved an ankle brace while denying a LidoPro cream. The claims administrator referenced an RFA form dated June 1, 2015 and an associated progress note of May 19, 2015 in its determination. The applicant's attorney subsequently appealed. On April 17, 2015, the applicant received refills of Norco, Zanaflex, and Neurontin. Multifocal complaints of knee, hip, and ankle pain were reported. The applicant was placed off of 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:

**Lidopro cream 4oz #2:** 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-capsaicin, lidocaine, menthol and ... - DailyMed [dailymed.nlm.nih.gov/dailymed/getFile.cfm?setid...94b9](http://dailymed.nlm.nih.gov/dailymed/getFile.cfm?setid...94b9).

LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment. Terrain Pharmaceuticals. Disclaimer: Most OTC drugs are not reviewed and approved.

**Decision rationale:** No, the request for a topical LidoPro cream 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, 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 Norco, Zanaflex, Neurontin, etc., effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.