

Case Number:	CM15-0121310		
Date Assigned:	07/02/2015	Date of Injury:	08/31/2009
Decision Date:	08/04/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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 represented 69-year-old who has filed a claim for chronic hand, wrist, finger, and thumb pain reportedly associated with an industrial injury of August 31, 2009. In a Utilization Review report dated June 10, 2015, the claims administrator retrospectively denied a request for LidoPro ointment apparently dispensed on June 1, 2015. The applicant's attorney subsequently appealed. On June 1, 2015, the applicant reported ongoing complaints of wrist, hand, finger, and shoulder pain. An unspecified topical compounded cream was endorsed on this date. The applicant's complete medications list was not, however, detailed. The applicant did have comorbid diabetes and hypertension, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Lidopro 4%-27.5%-0.0325% topical ointment, #2 (DOS: 06/01/2015): 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 LIDOPRO- capsaicin, lidocaine hydrochloride, menthol and ...local-dailymedcf10-2.nlm.nih.gov/dailymed/drugInfo.cfm?setid...

FDA Guidances & Info; NLM SPL Resources. Download Data ... Label: LIDOPRO-capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment.

Decision rationale: No, the request for a 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, menthol, lidocaine, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin, the primary ingredient in the compound, is recommended only as an option in applicants who have not responded to or intolerant of other treatments. Here, there is no mention of the applicant's intolerance to or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction of the capsaicin-containing LidoPro compound on or around the date in question, June 1, 2015. Therefore, the request was not medically necessary.