

<b>Case Number:</b>	CM15-0170504		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/30/2006
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 reflex sympathetic dystrophy (RSD) reportedly associated with an industrial injury of October 30, 2006. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve requests for LidoPro and ibuprofen. The claims administrator referenced an RFA form received on August 14, 2015 in its determination. The applicant's attorney subsequently appealed. On October 9, 2015, the applicant reported ongoing complaints of bilateral hand and finger pain, 8/10, exacerbated by twisting, turning, increased activity, and cold weather. The attending provider contended that the applicant's pain medications were beneficial but did not seemingly elaborate further. The applicant was using LidoPro, Cymbalta, Norco, and Motrin, it was stated in one section the note. Several of the same were refilled, including Norco, Motrin, and Cymbalta. The attending provider contended that the applicant's previous dosage of Norco was not adequately controlling her pain complaints. The applicant had developed CRPS status post earlier multiple failed upper extremity surgeries, it was reported. Permanent work restrictions were renewed. The attending provider stated in the Social History section of the note that the applicant was "unemployed" and on "disability."

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **2 tubes of Lidopro 4.5%-27.5%-0.0325%-10% topical ointment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - LIDOPRO-capsaicin, lidocaine hydrochloride.  
<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=81000fe7>. FDA Guidance's & Info; NLM SPL Resources, Capsaicin 0.0325%, NDC 53225.

**Decision rationale:** No, the request for topical LidoPro is not medically necessary, medically appropriate, or indicated here. The 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, i.e., the primary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, there is no evidence 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. Therefore, the request is not medically necessary.

### **Ibuprofen 600 mg #84 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Introduction.

**Decision rationale:** Similarly, the request for ibuprofen, an anti-inflammatory medication, is likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, the treating provider acknowledged on October 9, 2015. The applicant was described as receiving both unemployment compensation benefits and disability insurance benefits; it was reported on that date. Permanent work restrictions were renewed on that date, seemingly unchanged from prior visits, effectively resulting in the applicant's removal from the workplace. Ongoing usage of Motrin failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was asked to employ at a heightened dosage on October 9, 2015 on the grounds that the applicant's pain complaints were inadequately controlled. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.