

Case Number:	CM15-0066182		
Date Assigned:	04/14/2015	Date of Injury:	08/29/2005
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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 74-year-old who has filed a claim for chronic shoulder pain, neck pain, and myofascial pain syndrome reportedly associated with an industrial injury of August 29, 2005. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve a request for LidoPro ointment. A February 6, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On September 12, 2014, the applicant reported ongoing complaints of bilateral shoulder pain, 5/10. The applicant was using a TENS unit, topical LidoPro, topical Dendracin, and Prilosec as of this point in time. Laboratory testing was endorsed. The applicant's work status was not detailed. On March 6, 2015, naproxen, Prilosec, and permanent work restrictions were endorsed. It was acknowledged that the applicant was no longer working with said permanent limitations in place. It was stated that the applicant had retired from the workplace. 4/10 pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Lidocaine; Topical Capsaicin 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 – DailyMed dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid. Dec 1, 2012 - LIDOPRO-capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment.

Decision rationale: No, the request for 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, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line treatment, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of 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.