

Case Number:	CM15-0066190		
Date Assigned:	04/14/2015	Date of Injury:	05/24/2011
Decision Date:	05/13/2015	UR Denial Date:	03/24/2015
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 70-year-old who has filed a claim for chronic low back, hip, and shoulder pain reportedly associated with an industrial injury of May 24, 2011. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a request for topical LidoPro cream. The claims administrator referenced an RFA form received on March 16, 2015 in its determination, along with an associated March 10, 2015 progress note. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported ongoing complaints of shoulder, hip, and leg pain with derivative complaints of sleep disturbance. A physiatry consultation, left shoulder surgery, Neurontin, fenoprofen, Protonix, Lunesta, Lidoderm cream, Flexeril, and Zofran were endorsed, along with a TENS unit device. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121g: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 cream was not medically necessary, medically appropriate, or indicated here. Topical 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 stipulates 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 numerous first-line oral pharmaceuticals, including fenoprofen, Flexeril, Neurontin, etc., effectively obviated the need for the capsaicin-containing LidoPro compound at issue. Therefore, the request was not medically necessary.