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| Case Number: | CM15-0066240 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 08/01/2011 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/13/2015 |
| 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 42-year-old who has filed a claim for chronic shoulder, wrist, and leg pain reportedly associated with an industrial injury of August 1, 2011. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve a request for a topical LidoPro ointment. The claims administrator referenced a March 2, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On October 17, 2014, the applicant reported ongoing complaints of hand and wrist pain status post earlier carpal tunnel release surgery. It was suggested that the applicant was working as of this point in time. The applicant's medication list included Remeron, fenoprofen, Prilosec. On December 17, 2014, the applicant was again given refills of fenoprofen, Prilosec, and TENS unit patches. Neurontin was endorsed, along with a functional capacity evaluation. On February 2, 2015, Naprosyn, Lunesta, Flexeril, Prilosec, and LidoPro cream were endorsed while the applicant was apparently returned to full-time work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream (capsaicin, lidocaine, menthol and methy salicyate ointment 121 grams:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: No, the request for topical LidoPro was not medically necessary, medically appropriate, or indicated here. LidoPro is a capsaicin-containing compound. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is recommended only as a last-line agent, 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 Naprosyn, Neurontin, fenoprofen, etc., effectively obviated the need for the capsaicin-containing LidoPro cream in question. Therefore, the request was not medically necessary.