

Case Number:	CM15-0066251		
Date Assigned:	04/14/2015	Date of Injury:	02/27/2013
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
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 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 4, 2003. In a utilization review report dated March 9, 2015, the claims administrator failed to approve a request for topical LidoPro ointment. An RFA form received on March 2, 2015 was referenced in the determination, along with a progress note of February 24, 2015. The applicant's attorney subsequently appealed. In an appeal letter dated February 25, 2015, the treating provider appealed previously denied Voltaren, omeprazole, and LidoPro cream. In a separate appeal letter dated February 25, 2015, the attending provider also sought authorization for trigger point injections and a functional restoration program. In a progress note dated February 24, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain. A rather proscriptive 6-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. Four trigger point injections were performed. Multiple medications were prescribed and/or dispensed, including Neurontin, Flexeril, Prilosec, Voltaren Gel, and topical LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4 percent ointment 121 grams x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LIDOPRO- capsaicin, lidocaine, menthol. DailyMed dailymed.nlm.nih.gov/dailymed/getFile.cfm?setid.94b9. LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment. Terrain Pharmaceuticals.

Decision rationale: No, the request for topical LidoPro is 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 stipulates that topical capsaicin should be employed 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 Voltaren, Neurontin, Flexeril, etc., effectively obviated the need for the LidoPro ointment in question. Therefore, the request is not medically necessary.