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| Case Number: | CM15-0068562 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 04/22/2014 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 04/03/2015 |
| Priority: | Standard | Application Received: | 04/10/2015 |

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 30-year-old who has filed a claim for chronic ankle, low back, and leg pain reportedly associated with an industrial injury of April 22, 2014. In a Utilization Review report dated April 3, 2015, the claims administrator failed to approve a request for topical LidoPro lotion. A January 27, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported ongoing complaints of foot, ankle, and low back pain. The applicant was using capsaicin cream, ketoprofen cream, LidoPro ointment, Norco, and Ultracet, it was acknowledged. Work restrictions were endorsed. It did not appear that the applicant was working with a rather proscriptive 10-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for LidoPro Topical Ointment 20%, 30gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LidoPro 4% -

DailyMeddaily.med.nlm.nih.gov/dailymed/getFile.cfmsetidb332Feb 3, 2015 - LIDOPRO-capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment.

Decision rationale: No, the request for topical LidoPro was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, Menthol, lidocaine, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical LidoPro is not indicated except as a last-line agent, in applicants who have not responded to and/or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Ultracet, etc., effectively obviated the need for the capsaicin-containing LidoPro ointment in question. Therefore, the request was not medically necessary.