

Case Number:	CM15-0069824		
Date Assigned:	04/17/2015	Date of Injury:	07/30/2012
Decision Date:	05/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/13/2015

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 64-year-old who has filed a claim for chronic hand and finger pain reportedly associated with an industrial injury of July 30, 2012. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve a request for topical LidoPro ointment. The claims administrator referenced a RFA form of March 18, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 18, 2015, the applicant was given prescriptions for Prilosec, Neurontin, and the topical LidoPro ointment in question. The applicant was also asked to continue over-the-counter NSAIDs. The note was handwritten and difficult to follow. It was suggested that the applicant was working, despite ongoing myofascial pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% 121 grams x2 (3 month supply) dispensed on 3/18/2015: 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 based on Non-MTUS Citation LidoPro

DailyMed dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveidDec 1, 2012 - 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, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, the primary ingredient in the compound, is not recommended except 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 over-the-counter NSAIDs, Neurontin, etc., effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request is not medically necessary.