

Case Number:	CM15-0077631		
Date Assigned:	04/29/2015	Date of Injury:	09/08/2011
Decision Date:	05/28/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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 60-year-old who has filed a claim for shoulder, knee, and low back pain reportedly associated with an industrial injury of September 8, 2011. In a Utilization Review report dated April 24, 2015, the claims administrator retrospectively denied a request for LidoPro lotion. The claims administrator referenced a progress note of December 31, 2014 in its determination. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant reported ongoing complaints of low back, shoulder, and knee pain. Naprosyn, LidoPro, MRI imaging of the knees and shoulders, and epidural steroid injection therapy were proposed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro 121 grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, topical analgesics Page(s): 105.

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/fda/fdaDrugXsl.cfm?setid...b332...Feb 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, is an amalgam of capsaicin, lidocaine, menthol, and menthyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines note that topical capsaicin 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 first line oral pharmaceuticals such as Naprosyn effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.