

<b>Case Number:</b>	CM15-0078551		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 26, 2014. In a Utilization Review report dated April 17, 2014, the claims administrator retrospectively denied a topical compounded LidoPro cream apparently prescribed and/or dispensed on or around dispensed on April 10, 2015. The applicant's attorney subsequently appealed. In a progress note dated April 10, 2015, difficult to follow, somewhat blurred as a result of repetitive photocopying and faxing, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 7/10. The applicant was using Naprosyn and Neurontin for pain relief. The applicant was working full time at a rate of 60 to 70 hours a week with the same. Neurontin and Naprosyn were renewed. TENS unit supplies were also endorsed as was the topical compounded LidoPro cream in question. A 25-pound lifting limitation was imposed. It was suggested that the applicant was working with said limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121 grams (four fluid ounces), #1, provided April 10, 2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LidoPro 4% - DailyMeddailymed.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 cream 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 capsaicin is recommended only as a last line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including Naprosyn, Neurontin, etc., effectively obviated the need for the capsaicin-containing continue the LidoPro cream in question. Therefore, the request was not medically necessary.