

Case Number:	CM13-0072224		
Date Assigned:	01/17/2014	Date of Injury:	07/08/2013
Decision Date:	05/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 35-year-old male with a 7/8/13 date of injury, status post arthroscopic shaving, chondroplasty of the medial femoral condyle, microfracture of the patella, and removal of loose bodies. At the time (12/13/13) of the Decision for retrospective Lidopro cream 4oz, dispensed on 11/12/13, there is documentation of subjective (left knee pain with swelling) and objective (decreased left knee range of motion, pain to palpation over the anterior right knee, and swelling) findings, current diagnosis (status post left knee surgery), and treatment to date (left knee surgery, brace, and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE LIDOPRO CREAM 4OZ, DISPENSED ON 11/12/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDOPRO Page(s): 111 AND 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: An online search identifies that LidoPro contains capsaicin / lidocaine / menthol / methyl salicylate topical. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control;

that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of a diagnosis of status post left knee surgery. However, Lidopro contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective LidoPro cream 4oz dispensed on 11/12/13 is not medically necessary.