

Case Number:	CM14-0006434		
Date Assigned:	04/07/2014	Date of Injury:	12/03/2007
Decision Date:	05/27/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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:

The injured worker has a date of injury 12/3/2007. Per the primary treating physician's progress report, the injured worker complained of increased bilateral knee pain and numbness. The pain was rated at 8/10. There was increased pain with changes in temperature. On exam there was tenderness to palpation, abnormal reflexes, and antalgic gait. Range of motion was decreased in the lumbar spine, right shoulder, and bilateral knees. Paraspinal muscle spasms were noted. The diagnoses include 1) tear of medial meniscus of the right knee 2) postoperative chronic pain 3) lumbar degenerative disc disease 4) right shoulder sprain and strain 5) left knee sprain and strain, compensatory 6) myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO OINTMENT 121GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section Capsaicin Topical and Section Topical Analgesics Page(s): 28-29, 111-113.

Decision rationale: Lidopro ointment contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, lidocaine 4.5% and menthol 10%. Per MTUS guidelines, the use of topical

analgesics are recommended as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.0375% is not recommended by the guidelines, the use of Lidopro ointment is not recommended. In addition, the medical documentation does not clearly show that the injured worker did not respond to or was intolerant of other treatment options to justify the use of topical analgesics. The request for Lidopro ointment, 121 grams, is not medically necessary.