

Case Number:	CM14-0014411		
Date Assigned:	02/28/2014	Date of Injury:	09/29/1990
Decision Date:	06/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 is a 61-year-old male who reported an injury on 09/29/1990 secondary to an unknown mechanism of injury. The injured worker was evaluated on 08/06/2013 for reports of right knee pain rated at 5/10 to 8/10. The exam noted the right knee range of motion at 0 to 130 degrees with severe crepitus in all 3 compartments of the right knee. There was also tenderness to palpation in all 3 compartments of the right knee and 4/5 strength in the quadriceps. A right knee x-ray in 2011 indicated degenerative changes with severe degenerative arthritis in the right knee. The diagnoses include severe DJD of the right knee and status post right knee arthroscopy. The treatment plan included a knee brace, a continued home exercise program, Orudis, and Terocin cream. The Request for Authorization dated 08/06/2013 without rationale for the request was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RECOMMENDED PROSPECTIVE REQUEST FOR 1 LIDOPRO TOPICAL OINTMENT, 4 OZ. FOR RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, KNEE; TABLE 2, SUMMARY OF RECOMMENDATIONS< KNEE DISORDERS,

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

Decision rationale: The MTUS Chronic Pain Guidelines note the FDA does not recommend the use of Lidocaine topically other than in a dermal patch such as Lidoderm. The MTUS Chronic Pain Guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The MTUS Chronic Pain Guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As the MTUS Chronic Pain Guidelines note other topical formulations of Lidocaine other than the lidoderm are not recommended and there is a lack of indication of the injured worker's response to other treatments, the current request is not medically necessary and appropriate.