

Case Number:	CM14-0128448		
Date Assigned:	08/15/2014	Date of Injury:	12/06/2012
Decision Date:	09/18/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Geriatrics, and is licensed to practice in New York. 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 man with a date of injury of 12/06/2012. He was seen by his primary treating physician on 07/02/2014. He had continued pain in his low back, knees, left shoulder and left wrist. His symptoms were described as unchanged. He was continuing his home exercise program learned from physical therapy and was trying to walk up to an hour per day. Both Naprosyn and Lidopro were said to reduce his pain and he was also using Topirimate and Tramadol. His physical exam showed an antalgic gait, normal reflexes and mental status and reduced range of motion to his right knee with tenderness to palpation on the medial aspect. His diagnoses were knee pain and lower back pain. At issue in this review is the refill of Lidopro as a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121 gm: Upheld

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

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

Decision rationale: Lidopro cream is a compounded product consisting of capsaicin, lidocaine, menthol, and methyl salicylate. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. He is also taking several other oral agents to control his pain and he is able to walk and exercise daily. The records do not provide clinical evidence to support medical necessity for a non-recommended compounded cream such as Lidopro. Therefore, this request is not medically necessary.