

Case Number:	CM14-0022352		
Date Assigned:	05/09/2014	Date of Injury:	04/14/2011
Decision Date:	08/04/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 25-year-old female with a 4/14/11 date of injury. She was working out in the field cleaning a vegetable plant and was kneeling on both knees. She reported that her knee became sore as she was changing positions and felt a pop in her left knee when she stood up. In a progress note dated 4/10/14, the patient complained of increasing left knee pain. Her left knee pain was a 3-4/10 in severity and her low back pain was a 3/10 on the pain scale. The back pain increased when lying on her back. She also reported pain radiating down the left leg to the knee with associated numbness. Objective findings: tenderness to palpation of the lumbar spine left paraspinal region, tenderness to palpation of the medial and lateral joint line of left knee. Treatment to date: medication management, activity modification. A Utilization Review (UR) decision dated 2/10/14 denied the request for Lidopro topical ointment. The rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT 4OZ #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine in a topical ointment form is not recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. A specific rationale identifying why LidoPro would be required in this patient despite lack of guidelines support was not identified. Furthermore, the patient states in a 4/10/14 progress note that she has used LidoPro cream in the past, which did not help much. Therefore, the request for Lidopro Topical Ointment 4oz #1 is not medically necessary.