

Case Number:	CM14-0026725		
Date Assigned:	06/13/2014	Date of Injury:	07/31/2003
Decision Date:	07/16/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62 year old female who reported an injury of unknown nature or mechanism on 07/31/2003. In a report of 05/14/2014 her diagnoses included internal derangement of the knee status post total knee replacement and right ankle sprain and strain as a result of compensation because of the right knee and antalgic gait. She is allergic to motrin and aspirin. Additionally, the report states that this worker prefers topical to oral analgesic medications. She wears a hinged knee brace. Recommendations included "orthotics to help decrease the pain in the knee with standing and walking." There is no documentation found for physical therapy or range of motion values. There is a request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO LOTION 4 OZ. 2 BOTTLES FOR TOPICAL RELIEF: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request for Lidopro lotion 4 oz. 2 bottles for topical relief is non-certified. This 62 year old female reported an unknown injury on 07/31/2003. On 05/14/2014 she complained of continued pain following a total knee replacement. It is unclear when that surgery occurred. She is allergic to motrin and aspirin and prefers topical analgesics. CA MTUS guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Lidopro lotion contains methyl salicylate, lidocaine, capsaicin and menthol. Neither capsaicin nor lidocaine are approved for topical use in a compounded form. Lidocaine is recommended for localized peripheral pain after there has been evidence of trials of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. Additionally, the request does not specify a body part or frequency. For these reasons, this request for Lidopro lotion 4 oz. 2 bottles for topical relief is not medically necessary.