

Case Number:	CM14-0057641		
Date Assigned:	07/21/2014	Date of Injury:	09/30/2013
Decision Date:	12/31/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 30 year-old male who was injured on 9/30/13 after kneeling for an extended period of time and the popping his left knee after standing up. He complained of left knee pain with "pins and needles" after walking more than 10 minutes. On exam, he had tender left knee, with normal range of motion. He was diagnosed with left knee sprain/strain. On MRI, he had a large bucket-handle tear of the medial meniscus of the left knee with a vertical-oriented tear of the anterior horn of the lateral meniscus. He had some benefit with home exercise program, TENS unit, and topical cream. He was taking Naproxen, cyclobenzaprine, menthoderma gel, and Lidopro cream. The current request is for Lidopro and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment #1: 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 Topical analgesics Page(s): 111-113.

Decision rationale: The request is considered not medically necessary. Lidopro ointment is a combination of lidocaine, capsaicin, menthol, and methyl salicylate. The use of topical

analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not have documented neuropathic pain. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. There are no guidelines for the use of menthol with the patient's knee complaints. Methyl salicylate may be useful for chronic pain, however, any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for Naproxen is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's knee has been treated with NSAIDs, but there was no documentation of objective functional improvement and decrease in pain. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is considered medically unnecessary.