

<b>Case Number:</b>	CM14-0064873		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 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:

The injured worker is a 50-year-old male who reported an injury on 07/25/2013. The mechanism of injury was not provided for clinical review. The diagnoses included left knee sprain/strain, left medial meniscal injury, and chondromalacia. The previous treatments included medication, surgery, and physical therapy. The diagnostic testing included an MRI. Within the clinical note dated 03/05/2014, it was reported the injured worker complained of constant left knee pain. He rated his pain 7/10 in severity. The injured worker reported pain increases with kneeling, squatting, or lifting more than 20 pounds. Upon the physical examination, the provider noted the injured worker had mild tenderness along the left knee joint line, mainly on the medial aspect of the left knee. The provider noted the injured worker had a positive McMurray, positive for valgus test. The provider requested LidoPro topical cream for symptom control. The Request for Authorization was submitted and dated 06/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Topical Compound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines state topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow, and other joints that amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the dosage. The request submitted failed to provide the frequency of the medication and quantity. The injured worker has been utilizing the medication since at least 03/2014, which exceeds the guidelines' recommendations of short-term use of 4 to 12 weeks. Therefore, the request for LidoPro topical compound is not medically necessary.