

Case Number:	CM14-0072310		
Date Assigned:	07/16/2014	Date of Injury:	06/06/2009
Decision Date:	09/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of June 6, 2006. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; a TENS unit; and topical agents. In a Utilization Review Report dated April 15, 2014, the claims administrator denied a topical LidoPro compound while approving a request for TENS unit supplies. The injured worker's attorney subsequently appealed. In an October 18, 2013 progress note, the injured worker presented with 6/10 low back and bilateral knee pain. The injured worker's medication list was not provided. Nevertheless, the treating provider suggested that the topical LidoPro ointment in question be introduced. In an April 11, 2014 progress note, the injured worker reported persistent complaints of knee pain. The injured worker was described as working on a part-time basis, it was suggested. The injured worker was using Norco and Voltaren, it was stated. A knee corticosteroid injection was performed. In an April 11, 2014 progress note, the injured worker was given prescriptions for Norco and Voltaren gel. The note was handwritten and difficult to follow. It was suggested that the injured worker received viscosupplementation injection on the same day. On April 2, 2014, it was suggested that the injured worker was working as a driver. Another topical analgesic, Methoderm, was renewed. The LidoPro ointment in question was issued via a request for authorization form dated April 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111, 7.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as the LidoPro ointment in question, as a class, are deemed "largely experimental." In this case, the injured worker's ongoing usage of numerous first-line oral pharmaceuticals, including Norco and Voltaren, effectively obviates the need for the LidoPro ointment in question. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that an attending provider incorporate injured worker-specific factors such as "other medications" into his choice of recommendations. In this case, the attending provider has not clearly outlined why the injured worker needs to use two separate topical agents, namely LidoPro and Mentherm. Therefore, this request is not medically necessary.