

Case Number:	CM14-0085373		
Date Assigned:	07/23/2014	Date of Injury:	05/26/2011
Decision Date:	08/28/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/09/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 46 year old male who was injured on 5/26/2011. The diagnosis is chronic left knee pain following patella fracture and development of chondromalacia. The past surgery history is significant for left knee arthroscopy on 3/11/2014. The patient completed 12 physical therapy sessions and is now doing home exercise program. On 5/28/2014, [REDACTED] noted subjective complaints of bilateral knee pain. The patient had already returned to full work duty. A Utilization Review determination was rendered on 5/2/2014 recommending non certification for LidoPro 121gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The California MTUS and the ODG addressed the use of topical analgesic preparations for the treatment of neuropathic and osteoarthritis pain. Topical analgesic products

can be utilized when oral medications are ineffective, cannot be tolerated or have failed. The guidelines recommend that topical products be tried and evaluated individually. The records did not show that the patient have failed oral NSAIDs. LidoPro contains Lidocaine 4.5%, capsaicin 0.0325%, salicylates 27.5% and menthol 10%. The guidelines did not support the use of Lidocaine or capsaicin when formulated with other products. There is no FDA or guideline support for the use of topical menthol in the treatment of chronic joint pain. The criterion for the use of Lidopro 121gm was not met. Therefore the request is not medically necessary.