

Case Number:	CM14-0092940		
Date Assigned:	09/12/2014	Date of Injury:	09/30/2013
Decision Date:	11/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 32-year-old male with a date of injury of 09/30/2013. The listed diagnoses per [REDACTED] are: 1. Status post right knee surgery. 2. Left knee strain/sprain. Treatment reports from 12/06/2013 through 06/03/2014 reviewed. The date of surgery is not noted in the records. According to progress report 06/03/2014, the patient presents with continued left knee pain that is rated at 5/10 to 6/10. Examination revealed tenderness to palpation of the knee. The provider is requesting a refill of naproxen and LidoPro topical ointment. Utilization review denied the request on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs. Page(s): 67, 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories Page(s): 22.

Decision rationale: This patient presents with continued left knee pain. The provider was not provided. For anti-inflammatory medications, the MTUS Guidelines page 22 states "Anti-

inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Review of the medical file indicates the patient has been prescribed this medication since at least 01/10/2014. Report 05/07/2014 states "Naproxen 1 tab p.o. p.r.n. for severe p.r.n., helps with pain." The patient is not utilizing any other oral medications and naproxen has been effective for him. Given such, this request is medically necessary.

Lidopro topical ointment, quantity 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 creams, Topical analgesics Page(s): 111.

Decision rationale: This patient presents with continued left knee pain. The provider is requesting LidoPro topical ointment. LidoPro compound cream contains capsaicin, Lidocaine, menthol, and methyl salicylate. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, Lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. Therefore, this request is not medically necessary.