

Case Number:	CM15-0131293		
Date Assigned:	07/17/2015	Date of Injury:	03/12/2014
Decision Date:	09/10/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 59-year-old male, who sustained an industrial injury on 03/12/2014. According to a progress report dated 06/10/2015, the injured worker presented for TENS (transcutaneous electrical nerve stimulation) trial for low back pain. He reported continued bilateral knee pain right greater than left and worsening low back pain secondary to knee injury. Pain was rated 3 on a scale of 1-10 at rest and increased to 5-6 with walking more than 30 minutes and in the evening. Norco helped with pain, allowing for home exercise program and sleep. Pain level reflected no oral pain medication for that morning. Bilateral knee pain was described as constant, stabbing in the left and medial aspect of right with pressure traveling lateral down the right towards the ankle, worse with activity. Right knee pain radiated to right ankle with bruised feeling and to right posterior thigh and right knee with numbness. No radiation or numbness/tingling on the left knee. Medications included Norco 5-325 mg twice a day for severe pain. Diagnoses included osteoarthritis other specified sites (knee, hip), status post right knee surgery on 06/24/2013 & 11/03/2014, septic arthritis and lumbosacral pain compensatory. The treatment plan included TENS unit trial, Lidopro topical cream, Norco 5/325 mg 1 tab by mouth twice a day as needed for severe pain #60 and continuation of home exercise program. Currently under review is the request for retrospective Lidopro Cream #121 grams dispensed on 06/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Lidopro Cream #121gm dispensed 06/10/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Lidopro contains lidocaine, capsaicin, menthol, and methyl salicylate. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch forms are generally indicated as local anesthetics or anti-pruritics. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. The MTUS is silent with regards to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. In this case, there was no discussion of trial and failure of antidepressant and anticonvulsant agents. The requested treatment contains at least one drug or drug class that is not recommended. In addition, the treating physician's request did not include the concentration, site of application, or directions for use. As such, the prescription is not sufficient. Medical necessity for the requested treatment was not established. The requested treatment is not medically necessary.