

<b>Case Number:</b>	CM15-0143356		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	01/17/2015
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old female who sustained an industrial injury on 01-17-2015. Mechanism of injury was a trip and fall. Diagnoses include closed fracture of the patella, myofascial pain, delayed union of the left patellar fracture, fracture of the nose, laceration of the lip and headache. Treatment to date has included diagnostic studies, activity modification, knee injections, knee immobilizer, and physical therapy. She is not working. An unofficial report of a knee x ray dated 01/17/2015 reveals fracture of the inferior pole of the patella that is displaced and therefore intraarticular in nature. An x-ray done in May of 2015 shows delayed union of the patellar fracture because the inferior pole of the patella of the fracture is still clearly visible without evidence of any significant callus. There is still intraarticular involvement as well as displacement of the fracture. A physician progress note dated 07-09-2015 documents the injured worker continues to have pain with weight bearing, ambulation and bending of her knee. She has no medications currently. In a progress note dated 06-10-2015 documents the injured worker also has trouble breathing out of her nose after injury. She has intermittent eye pain and tiredness when turning her head and when reading. She has headaches 3 times a month. She has an abnormal gait. Her left knee is tender to palpation at the inferior pole of her patella as well as her tibial tuberosity. Active range of motion of the left knee is 0-105 degrees. Examination of her nose reveals no obvious septal deviation. Treatment requested is for 30 Lidopro Cream 121gm, and 60 tablets of Naproxen Sodium 550mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Naproxen Sodium 550mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The patient presents with continued pain with weight bearing, ambulation, and bending of the knee. The current request is for 60 tablets of Naproxen Sodium 550mg. The treating physician states, in a report dated 07/09/15, "Dispense Naproxen 550 mg BID PRN Pain #60 (20B) The MTUS guidelines state, "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors". In this case, the treating physician notes, "no meds currently, but patient now requesting medication". (20B) The MTUS guidelines support the usage of NSAIDs for the treatment of moderate to severe pain. The current request is medically necessary.

**30 Lidopro Cream 121gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The patient presents with continued pain with weight bearing, ambulation, and bending of the knee. The current request is for 30 Lidopro Cream 121 gm. The treating physician states, in a report dated 07/09/15, "Dispense" Lidopro cream #30" (20B). The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Lidopro is a compound topical gel .0325% Capsaicin, Lidocaine 4.5%, Menthol 10%, Methyl Salicylate 27.5%. MTUS guidelines page 111 states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Strength of Capsaicin recommended is no more than 0.025%. Review of the reports show no discussion is made regarding the efficacy and use of this topical product. MTUS page 111 further states regarding lidocaine topical analgesics, "Only [REDACTED] approved products are recommended," and only in a patch form such as lidoderm. Given that this topical compound contains lidocaine in a cream formulation, the current request is not medically necessary.