

Case Number:	CM15-0146030		
Date Assigned:	08/06/2015	Date of Injury:	07/03/2013
Decision Date:	09/09/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 73 year old male who sustained an industrial injury on 7-3-13. His injury consisted of twisting of his knee when dismounting a heavy piece of machinery. His initial complaints were of immediate pain and "popping" in his left knee. He immediately reported the incident to his employer and was seen by medical personnel. The diagnosis was left knee strain and possible meniscal tear. In August 2013, an MRI of the left knee was completed. He was found to have medial and lateral meniscal tears, and osteoarthritis at that time. He was referred to an orthopedic surgeon. The recommendation was for no kneeling or squatting. He was, ultimately, referred on to an "advanced" orthopedic surgeon, that recommended arthroscopy, meniscectomy, and possible chondroplasty. However, the injured worker was also undergoing multiple cardiac stent procedures and the orthopedic surgeons were unaware of this at the time of recommendation. His stents were found to be "non-functional" and cardiac bypass surgery was recommended. He was informed that he should not have any elective surgical procedures at that time. In November 2014, he underwent a seven-vessel cardiac bypass procedure. The injured worker continued to be followed for his knee injury after his cardiac surgery. Treatment recommendations included acupuncture, physical therapy, and a TENS unit. The "advanced" orthopedic physician documented that the injured worker would "be a likely candidate for joint replacement should his cardiac situation improve to that point". Documentation also explains that the injured worker discussed this with his cardiologist, who informed him that he "probably was never a candidate for elective procedures because the elective procedures could be

Extremely dangerous to his heart leading to possible death". Therefore, the injured worker "has no interest" in any further surgical procedures. He was referred to a Qualified Medical Examiner (QME). There was confusion regarding prior surgical procedures on his knees. The injured worker has a history of surgery on his right knee, which was not part of the industrial injury. The industrial injury involved his left knee. In April 2015, he was seen for orthopedic follow-up. He continued to complain of constant pain of the left knee. He reported that with "twisting or cutting motions", the knee "tends to give way". He also reports that the knee is unstable on uneven ground and that he has difficulty going up and coming down stairs. The pain is exacerbated by standing and walking. The treatment plan was to "access a medical doctor for prescription medication", physical therapy, home exercise program, a TENS unit, and joint replacement, should his cardiac situation improve. On 7-21-15, there is documentation for an appeal of the denial of LidoPro cream dated 7-14-15. However, no documentation is located in the records for the date of 7-14-15. The appeal indicates that the medication is necessary to "cure or relieve the effect of the industrial injury".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm (Dispensed in office) (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113, 105.

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

Decision rationale: MTUS 2009 states that topical compounded analgesics are of uncertain efficacy and safety. MTUS 2009 also states that Lidoderm patches are only indicated for post-herpetic neuralgia and painful diabetic neuropathy. The patient is not diagnosed with a peripheral neuropathic condition but rather a painful knee condition. This request for Lidopro cream does not adhere to MTUS 2009 and is not medically necessary.