

Case Number:	CM15-0160954		
Date Assigned:	08/27/2015	Date of Injury:	01/18/2015
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 62 year old female who sustained an industrial fall injury on 01-18-2015. The injured worker was diagnosed with a fracture of the right distal femur and underwent an open reduction internal fixation of a vertical split of the right distal femur (no exact date documented, approximately at the time of injury). Treatment to date has included diagnostic testing, surgery, physical therapy, ambulatory aids and medications. According to the primary treating physician's progress report on July 14, 2015, the injured worker was reported to have some patellofemoral joint difficulties and iliotibial (IT) band tendinitis lateral to the plate site. An effusion and synovitis with mild tenderness of the scar area laterally was noted. The examination documented full extension and flexion. There was no evidence of hip or lumbar spine pathology. McMurray's, straight leg raise and sciatic tension tests were negative. No medications were noted. Treatment plan consists of returning to full work duties without limitations or restrictions on September 1, 2015 and the current request for LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The patient presents with right knee pain. The request is for Lidopro 121GM. The request for authorization is not provided. The patient is status post ORIF of the right femoral distal fracture, 01/21/15. Physical examination reveals presence of effusion. There is tenderness to the external joint line. ROM is full. Positive McMurray at the external meniscus. She is tolerating physical therapy. Per progress report dated 07/14/15, the patient is on modified work. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.