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| <b>Case Number:</b>   | CM15-0163982 |                              |            |
| <b>Date Assigned:</b> | 09/01/2015   | <b>Date of Injury:</b>       | 11/09/2006 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 07/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/20/2015 |

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, 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 52 year old male who sustained an industrial injury on November 09, 2006. There is recommendation for surgical intervention of the left knee. Previous treatment for the right knee included: activity modification, medications, use of transcutaneous nerve stimulator, use of cold therapy unit, and ultimately surgery with post-operative therapy session. He has not worked since 2009. Objective assessment noted 175 degrees of extension, 110 degrees of flexion with positive McMurray's and tenderness along the medial joint line and weakness to resisted function without effusion. He was diagnosed with internal derangement of the right knee, status post medial meniscectomy with good outcome, followed by injection; internal derangement of the left knee and chronic pain syndrome. There is also recommendation for a DonJoy brace for the right knee unloading the medial joint line; a larger transcutaneous nerve stimulator unit is recommended with garment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 4% ointment #1 tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The injured worker sustained a work related injury on November 09, 2006. The medical records provided indicate the diagnosis of internal derangement of the right knee, status post medial meniscectomy with good outcome, followed by injection; internal derangement of the left knee and chronic pain syndrome. Treatments have included activity modification, medications, use of transcutaneous nerve stimulator, use of cold therapy unit, and ultimately surgery with post-operative therapy session. The medical records provided for review do not indicate a medical necessity for Lidopro 4% ointment #1 tube. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. Lidopro contains Capsaicin 0.0325%, Lidocaine HCL 4%, Menthol 10%, and Methyl Salicylate 27.5. The presence of menthol, a non-recommended agent makes this compounded product non-recommended. Besides, though Lidocaine and Capsaicin are recommended, they are not recommended as formulated. Therefore, the request is not medically necessary.