

Case Number:	CM15-0184532		
Date Assigned:	09/25/2015	Date of Injury:	12/30/2013
Decision Date:	11/02/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35 year old female who sustained an industrial injury on 12-30-2013. A review of medical records indicates the injured worker is being treated for left meniscus tear knee, lumbar degenerative disc disease, facet arthritis, lumbosacral or thoracic neuritis or radiculitis, and myofascial pain. Medical record dated 8-19-2015 noted pain is getting worse to the left knee and lumbar spine. Pain was the same at the previous visit. Physical examination noted tenderness to palpation in the left knee. There was decreased range of motion. There was tenderness to palpation in the lumbar spine with limited range of motion. Treatment has included modified work duty, Tramadol, physical therapy, acupuncture, and Lidopro cream since at least 4-16-2015. RFA dated 8-19-2015 requested Lidopro. Utilization review form dated 8-27-2015 noncertified Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 121 Gram #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

Decision rationale: Lidopro Ointment 121 Gram #1 is not medically necessary per MTUS guidelines. Per the MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS states that there are no studies of topical Capsaicin that over a 0.025% formulation would provide any further efficacy. Furthermore, the MTUS does not support topical lidocaine in ointment form for this patient's condition. The MTUS states that salicylate topical are significantly better than placebo in chronic pain. Menthol is an ingredient in Ben Gay, which is a topical salicylate and supported by the MTUS. The documentation does not reveal extenuating factors which would necessitate this ointment which has components not supported for topical use by the MTUS. Therefore, the request for Lidopro is not medically necessary.