

Case Number:	CM15-0186290		
Date Assigned:	09/28/2015	Date of Injury:	03/07/2014
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/22/2015

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 28 year old male, who sustained an industrial injury on 03-07-2014. He has reported subsequent right knee pain and was diagnosed with right knee injury and musculoligamentous strain and sprain of the right knee. MRI of the right knee on 03-18-2014 showed 3 cm apparent synovial mass in Hoffa's fat pad region. Treatment to date has included oral and topical pain medication, transcutaneous electrical nerve stimulator (TENS) unit, application of cold and a home exercise program. Documentation shows that Lidopro cream was prescribed at least as far back as June 2014 and that the medication was effective at relieving pain. There was no documentation of intolerance to oral pain medication. In a progress note dated 08-24-2015, the injured worker reported that pain was under control and Lidopro and TENS unit were noted to help with pain, function and mobility. Pain rating was documented as 1-none. No further specifics regarding improvements in pain and objective function were documented. Objective examination findings revealed tenderness to palpation. No erythema or swelling of the right knee was documented. The physician indicated that Lidopro would be dispensed and that the injured worker was "not keen on PO medications and this topical cream is providing adequate pain relief." Work status was documented as full-time. A request for authorization of Lidopro cream 121 mg was submitted. As per the 09-09-2015 utilization review, the request for Lidopro cream 121 mg was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream 121mg: 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): Topical Analgesics.

Decision rationale: The 28 year old patient presents with right knee injury, lower and/or upper extremity pain, ADHD, and hypertension, as per progress report dated 08/24/15. The request is for LIDOPRO CREAM 121mg. The RFA for this case is dated 08/24/15, and the patient's date of injury is 03/07/15. The patient is relying on TENS unit and Lidopro cream for pain relief, as per progress report dated 08/24/15. Diagnoses, as per QME report dated 03/19/15, included musculoligamentous strain and sprain of the right knee, and non-industrial pigmented villonodular synovitis. The patient is working full time, as per progress report dated 03/07/15. The MTUS Chronic Pain Medical Treatment Guidelines 2009, p111 and Topical Analgesics section states: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. In this case, Lidopro cream is only noted in progress report dated 08/24/15. It is not clear when this topical formulation was initiated. Prior reports document the use of other products including Terocin cream and Icy Hot cream. In progress report dated 08/24/15, the treater states that the TENS unit and Lidopro cream help with pain and function and mobility. The treater also states that the patient seeks to avoid oral medications and this topical cream is providing adequate pain relief. The treater, however, does not specify how and where this cream is being used. Additionally, MTUS guidelines do not support any other formulation of Lidocaine other than the topical patch. Hence, the request IS NOT medically necessary.