

Case Number:	CM15-0189045		
Date Assigned:	10/01/2015	Date of Injury:	02/27/1997
Decision Date:	11/12/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/25/2015

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 an 80 year old female, who sustained an industrial-work injury on 2-27-97. She reported initial complaints of knee pain. The injured worker was diagnosed as having chronic knee pain and osteoarthritis. Treatment to date has included medication, surgery (bilateral knee replacement in 2005, 2006). Currently, the injured worker complains of chronic bilateral constant knee pain but stable since last exam. At best, it is rated 7 out of 10. It is described as aching and moderate to severe. Associated symptoms include locking, popping, and worse with movement. Medication included Tramadol. Per the primary physician's progress report (PR-2) on 9-2-15, right knee exam noted medial, lateral, superior, and patella edema, pain over the inferior and central patella, laterally and anteriorly. The left knee exam noted pain over the inferior and central patella, anteriorly, medial, with limited range of motion with flexion. Current plan of care includes medication and therapy. The Request for Authorization requested service to include Lidopro Ointment 2 creams per month x 12 months and Physical Therapy for the bilateral knees, three times a week for 12 weeks. The Utilization Review on 9-8-15 denied the request for include Lidopro Ointment 2 creams per month x 12 months and Physical Therapy for the bilateral knees, three times a week for 12 weeks, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 2 creams per month x 12 months: 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 patient presents on 09/02/15 with bilateral knee pain rated 7/10 at worst 5/10 at best. The patient's date of injury is 02/27/97. Patient is status post bilateral knee replacement surgeries in 2005 and 2006. The request is for Lidopro ointment 2 creams per month x 12 months. The RFA is dated 09/02/15. Physical examination dated 09/02/15 reveals well healed surgical scars bilaterally, tenderness to palpation over the inferior and central patella bilaterally, and limited range of motion bilaterally. The patient is currently prescribed Imdur, Ambien, Lisinopril, and Toprol. The patient's remaining medications are illegible. Patient's current work status is not provided. LidoPro contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The MTUS Topical Analgesics section, page 111 has the following: "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... Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended..." In regard to the requested Lidopro cream for this patient's chronic pain, the active ingredient in this cream (Lidocaine) is not supported in this form. MTUS guidelines only support Lidocaine in patch form, not cream form. While this patient presents with significant bilateral knee pain, Lidocaine is nonetheless unsupported by MTUS guidelines in this particular formulation. Guidelines also state that any compounded cream, which contains an unsupported ingredient, is not indicated. Therefore, the request IS NOT medically necessary.

Physical Therapy for the bilateral knees, three times a week for 12 weeks: 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): Physical Medicine.

Decision rationale: The patient presents on 09/02/15 with bilateral knee pain rated 7/10 at worst 5/10 at best. The patient's date of injury is 02/27/97. Patient is status post bilateral knee replacement surgeries in 2005 and 2006. The request is for physical therapy for the bilateral knees, three times a week for 12 weeks. The RFA is dated 09/02/15. Physical examination dated 09/02/15 reveals well healed surgical scars bilaterally, tenderness to palpation over the inferior and central patella bilaterally, and limited range of motion bilaterally. The patient is currently prescribed Imdur, Ambien, Lisinopril, and Toprol. The patient's remaining medications are illegible. Patient's current work status is not provided. MTUS Guidelines, Physical Medicine

Section, pages 98, 99 has the following: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 12 sessions of physical therapy sessions for this patient's ongoing left lower extremity complaints, the provider has exceeded guideline recommendations. There is no indication that this patient has completed any recent physical therapy, were the request for 10 sessions, the recommendation would be for approval. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments; the request for 12 exceeds these recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.