

Case Number:	CM15-0199876		
Date Assigned:	10/15/2015	Date of Injury:	07/01/2014
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/12/2015

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: Emergency 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 67 year old male, who sustained an industrial injury on 1-4-2014. Medical records indicate the worker is undergoing treatment for lower leg joint pain and knee arthroscopy. A recent progress report dated 9-24-2015, reported the injured worker complained of right knee pain rated 7 out of 10. He states his pain is 7-8 out of 10 before medications and 6-7 out of 10 after medications. Physical examination revealed limited range of motion due to pain with flexion of 90 degrees and extension of 5 degrees. Right knee magnetic resonance imaging was performed, but the results were not yet recorded. Treatment to date has included steroid injections, knee brace, physical therapy, Ultracet and Naproxen. On 9-24-2015, the Request for Authorization requested Lidopro ointment 4.5%-27.5%-0.0325%, #1 for the management of chronic knee pain. On 10-1-2015, the Utilization Review noncertified the request for Lidopro ointment 4.5%-27.5%-0.0325%, #1 for the management of chronic knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 4.5%-27.5%-0.0325%, #1 for the management of chronic knee pain:

Upheld

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

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

Decision rationale: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Lidopro contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of an attempt of trial with a 1st line agent and patient has no actual documentation of neuropathy. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain. 4) Menthol: There is no data on Menthol in the MTUS. Since this is an incomplete prescription and multiple drugs are not recommended, the combination medication, Lidopro is not medically necessary.