

<b>Case Number:</b>	CM15-0205504		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: New York, West Virginia, Pennsylvania  
 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 54 year old male, who sustained an industrial injury on 7-20-12. The injured worker was being treated for right knee sprain-strain, right hip or thigh strain and gastritis. On 9-27-15, the injured worker reports a pain level of 7 out of 10, had surgery on 9-17-15 and is using braces and crutches now. He is not working. Physical exam performed on 9-27-15 revealed moderate to severe limp, very little range of motion of right hip with exquisite tenderness laterally and right knee is wrapped with limited range of motion. Treatment to date has included chondroplasty of right knee, oral medications including Norco, physical therapy and activity modifications. On 9-27-15 request for authorization was submitted for LidoPro cream 121gm. On 10-5-15 request for LidoPro cream 121gm was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Lidopro cream 121gm (DOS: 9/27/15): Upheld**

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

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

**Decision rationale:** Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs and capsaicin, menthol and methyl salicylate are not recommended. The request for topical Lidopro is not medically appropriate and necessary.