

Case Number:	CM15-0025921		
Date Assigned:	02/18/2015	Date of Injury:	12/06/2013
Decision Date:	03/27/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/11/2015

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: Preventive Medicine, Occupational 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 41 year old male who sustained an industrial injury on 12/6/13 involving the right knee and low back. He currently complains of pain inside the right knee, low back pain that radiates to left buttocks and knee. Medications are fenoprofen, Lidoderm patch. Diagnoses include meniscus tear, arthroscopic partial medial and lateral meniscectomy, right knee; sacroiliac ligament sprain/ strain; myofascial pain; lumbar sprain/ strain. Treatments include chiropractic care which is helpful, cortisone injection into right knee with little relief, physical therapy. Diagnostics include lumbar MRI showing S1 nerve impingement. In the progress note dated 1/12/15 the treating provider refills lidopro cream and fenoprofen for relief of symptoms. On 1/22/15 Utilization Review non-certified the request for Lidopro Cream/ ointment 4 ounces #1 citing MTUS: Chronic pain Medical Treatment Guidelines: Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidopro Cream Ointment 4 oz #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines are very specific in recommending that if a compound contains ingredients that are not FDA/Guideline approved for topical use, that compound is not recommended. Lidopro is a mix of Lidocaine 4.5%, Capsaicin .0375%, Menthol and Methyl Salicylate. Guidelines specifically state that this form of topical Lidocaine is not recommended and this strength of Capsaicin is not recommended. The Lidopro Cream/Ointment 4oz #1 is not supported by Guidelines and is not medically necessary.