

Case Number:	CM15-0029852		
Date Assigned:	02/23/2015	Date of Injury:	04/14/2008
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 female, who sustained an industrial injury on 3/13/2011. The diagnoses have included gastroesophageal reflux disease, osteoarthritis of bilateral knees and lumbar degenerative disc disease. Treatment to date has included physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 1/5/2015, the injured worker complained of left knee pain and discomfort. She had constant mild to moderate pain in the left knee with rest and moderate to severe pain, aching in the left knee with walking. She used a cane and a brace daily. Physical exam revealed abnormal meniscus left knee. Medial joint line and Medial collateral ligament (MCL) tenderness was noted. It was noted that Prevacid was to protect her gastrointestinal tract from the prolonged use of Naprosyn; she did not tolerate Prilosec in the past. Authorization was requested for medications. On 2/2/2015, Utilization Review (UR) non-certified a request for Lansoprazole (Prevacid 24hour) 15mg #30 and Diclofenac Sodium (Voltaren) 1% Topical Gel. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm #1 (DOS 1/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Lido Pro cream is not medically necessary.