MAXIMUS Federal Services

Case Number:	CM15-0219077		
Date Assigned:	11/12/2015	Date of Injury:	04/21/2015
Decision Date:	12/31/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/06/2015

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: Texas, Illinois
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 46-year-old male, who sustained an industrial injury on 4-21-2015. Diagnoses include pain in left knee and pain in right knee. Treatments to date include activity modification, physical therapy sessions, cold, heat, rest, medication therapy, and TENS unit. On 10-13-15, he complained of ongoing pain in bilateral knees. He rated pain 10 out of 10 VAS. Current medications included Gabapentin, Lidopro ointment, Naproxen, Terocin Patch, Ibuprofen, and Pantoprazole. The records documented he reported "medications are less effective." The record documented review of the CURES report and Opioid agreement on this date. The physical examination documented restriction to range of motion in the right knee with tenderness and effusion. The left knee demonstrated no abnormal findings. The plan of care included a refill for Lidopro ointment as previously prescribed. The appeal requested authorization for one tube of Lidopro 4% ointment between 9-22-15 and 9-22-15. The Utilization Review dated 11-3-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tube of Lidopro 4% Ointment: 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 based on Non-MTUS Citation http://www.drugs.com/otc/119637/lidopro.html.

Decision rationale: The injured worker sustained a work related injury on 4-21-2015. Diagnoses include pain in left knee and pain in right knee. Treatments to date include activity modification, physical therapy sessions, cold, heat, rest, medication therapy, and TENS unit. The medical records provided for review do not indicate a medical necessity for 1 Tube of Lidopro 4% Ointment. LidoPro is a topical analgesic containing Capsaicin, Lidocaine, menthol, and methyl salicylate. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary as it contains Menthol, which is not recommended.