MAXIMUS Federal Services

Case Number:	CM15-0224968		
Date Assigned:	11/23/2015	Date of Injury:	09/08/2015
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/16/2015

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 19-year-old female, who sustained an industrial injury on 09-08-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for knee sprain, complex regional pain syndrome, low back pain and lumbar strain and sprain. Medical records (09-08-2015 to 09-21-2015) indicate ongoing radiating left knee pain. Pain levels were 7-8 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-21-2015, revealed tenderness to the medial joint line of the left knee with restricted range of motion. Relevant treatments have included: physical therapy (PT), work restrictions, and medications (Lidopro cream for an unknown amount of time). It was noted on the most recent PR (11-06-2015) that medications reduced pain less than 50%. The request for authorization (10-21-2015) shows that the following medication was requested: Lidopro cream 121 gm. The original utilization review (10-29-2015) non-certified the request for Lidopro cream 121 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream 121 gram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

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

Decision rationale: The requested LidoPro cream 121 gram is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has ongoing radiating left knee pain. Pain levels were 7-8 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-21-2015, revealed tenderness to the medial joint line of the left knee with restricted range of motion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, LidoPro cream 121 gram is not medically necessary.