

<b>Case Number:</b>	CM15-0041258		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	03/14/2011
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 46-year-old male, who sustained an industrial injury on March 14, 2011. He reported fell six feet off a ladder and landed on his right leg, with a diagnosis of right knee sprain. The injured worker was diagnosed as having osteoarthritis, lumbar sprain/strain, knee sprain/strain, lumbar degenerative disc disease, myofascial pain, and status post right knee surgery. Treatment to date has included TENS, home exercise program (HEP), physical therapy, hinged knee brace, and medication. Currently, the injured worker complains of bilateral knee pain. The Primary Treating Physician's report dated February 12, 2015, noted the injured worker reporting increased left knee pain since previous visit. The injured worker medications of Tramadol ER, Gabapentin, and Naproxen were noted to be helpful for the pain. The injured worker was noted to be ambulating with a cane, with the left knee noted to have tenderness to palpation of the medial and lateral joint line as well as the retropatellar space. The injured worker's left knee pain was noted to be likely due to arthritis, with compensating for his right knee accelerating the arthritic process of the left knee. The treatment plan included continuing medications with refill/dispensing Gabapentin, Naproxen, and Lidopro cream, continue TENS with patches x4 dispensed, continue home exercise program (HEP), and once Depo-Medrol was in stock, the injured worker would receive a cortisone injection in the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Cream 121g QTY 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28 and 111-113.

**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.