MAXIMUS Federal Services

Case Number:	CM15-0041520		
Date Assigned:	03/11/2015	Date of Injury:	12/04/2013
Decision Date:	04/17/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	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 York, West Virginia, Pennsylvania
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 62-year-old male who sustained a work related injury on December 4, 2013, incurring injuries to his left knee. Treatment included cortisone injection, bracing, physical therapy, and pain medications. Magnetic Resonance Imaging (MRI) revealed a complete tear of the medial meniscus and degenerative joint disease of the knee. He was diagnosed with a tear of the medial meniscus, internal derangement of the knee and lumbar radiculopathy. Currently, the injured worker complained of persistent knee pain. Treatment included Transcutaneous Electrical Nerve Stimulation (TENS), and pain medications and management and orthopedic consultation. Authorization was requested for retrospective Lidopro Topical Cream for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Lidopro Topical Cream 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: Guidelines state that topical agents are largely experimental but may be useful in neuropathic pain when trials of antidepressants or anticonvulsants have failed. Guidelines also state that if a compounded agent contains one medication that is not recommended, then the compound is not recommended. In this case, there is no evidence of failed treatment with NSAIDs, antidepressants, anticonvulsants, or other conservative therapies. Thus, the request for Retrospective Lidopro topical cream 4 oz is not medically necessary and appropriate.