

Case Number:	CM15-0044432		
Date Assigned:	03/16/2015	Date of Injury:	05/02/2014
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 63 year old male, who sustained an industrial injury on 5/2/14. He has reported injury to right knee, left foot, neck, triggering of left thumb, right elbow and low back after slipping in a freezer while carrying a box of frozen tacos. The diagnoses have included medial meniscal tear right knee, contusion left foot, trigger thumb on left and lateral epicondylitis right elbow. Treatment to date has included diagnostics, medications, chiropractic, injections, ice and heat therapy and acupuncture 6 sessions. Currently, as per the physician progress note dated 1/7/15, the injured worker complains of intermittent pain in the right knee associated with prolonged standing, squatting, stooping or heavy lifting. The pain is diffusely anterior and medially. The current medications were not noted. Physical exam revealed right knee with mild synovial thickening with medial joint line tenderness, positive medial McMurray's and Apley's, negative anterior drawer, and decreased range of motion on the right compared to the left. The Treatment Plan included request for surgery to right knee and continued conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS unspecified): Lidocaine Pro 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

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

Decision rationale: This 63 year old male has complained of right knee, left foot, neck and low back pain since date of injury 5/2/14. He has been treated with acupuncture, chiropractic therapy, injections, physical therapy and medications. The current request is for Lidocaine Pro 121 gm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidocaine Pro is not indicated as medically necessary.