

<b>Case Number:</b>	CM15-0050912		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 31-year-old male, who sustained an industrial injury on 07/19/2011. On provider visit dated 02/27/2015 the injured worker has reported low back pain, right knee pain and discomfort in the left knee. On examination right knee, she was noted to have mild swelling, but no edema. A decreased range of motion noted. The diagnoses have included knee pain, status postsurgical, myofascial pain and meniscus tears. Treatment to date has included TENS, home exercise program, medication, electro-myogram, right knee status post arthroscopic surgery and MRI of left knee. The provider requested refills of medication LidoPro Cream and Fenoprofen Calcium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Cream, 121gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

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

**Decision rationale:** This 31 year old male has complained of lower back pain and bilateral knee pain since date of injury 7/19/11. He has been treated with surgery, TENS unit, physical therapy and medications. The current request is for Lidopro cream. 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. Because of the MTUS guidelines cited above, Lidopro cream is not indicated as medically necessary.

**Fenoprofen Calcium 400mg Capsules #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** This 31 year old male has complained of lower back pain and bilateral knee pain since date of injury 7/19/11. He has been treated with surgery, TENS unit, physical therapy and medications to include NSAIDS since at least 11/2014. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 8 weeks duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. Because of this lack of documentation, Fenoprofen is not indicated as medically necessary in this patient.