

Case Number:	CM15-0056023		
Date Assigned:	04/01/2015	Date of Injury:	06/17/2004
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/24/2015

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: Physical Medicine & Rehabilitation

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 66 year old male, who sustained an industrial injury on 06/17/2006 knee symptoms. On provider visit dated 01/21/2015 the injured worker has reported bilateral knee, bilateral upper extremity, back and neck pain. On examination left knee was noted to have mild swelling and minimal erythema and tenderness was noted tenderness to palpation over the lateral and medial joint line. The diagnoses have included persistent left knee, status post TKA left - 2004. Treatment to date has included chiropractic therapy, MRI of left knee, x-rays, physical therapy and medication. The provider requested topical cream for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Lidopro Topical Ointment with applicator: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with bilateral knee, bilateral upper extremity, back and, neck pain. The request is for medication LidoPro topical ointment with applicator. The RFA provided is dated 01/21/15. Patient's diagnosis included persistent left knee, status post TKA left-2004. Patient is permanent and stationary. MTUS has some support for Lidoderm patches, but states "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." The Lidocaine cream in the LidoPro compound is not recommended by MTUS, therefore the whole LidoPro product cannot be recommended. This request IS NOT medically necessary.