

Case Number:	CM15-0086554		
Date Assigned:	05/08/2015	Date of Injury:	04/12/2013
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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 31-year-old female, who sustained an industrial injury on 4/12/2013. She reported sudden acute knee pain upon rising after kneeling. Diagnoses include right knee chondromalacia and patellofemoral pain (PF) syndrome. Treatments to date include ice, anti-inflammatory, analgesic, physical therapy, chiropractic therapy, acupuncture treatments, cortisone injections, and a hinged knee brace. Currently, she complained of right knee and low back pain. On 3/11/15, the physical examination documented tenderness along the medial and lateral knee joint with edema and atrophy of the right quadriceps. There was tenderness over the right lumbar facet joint. The plan of care included Naproxen Sodium 550mg, one tablet twice a day, quantity #60 and was provided a sample of Lidopro topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical ointment Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents on 03/11/15 with right knee pain rated 4-5/10, and lower back pain rated 3-4/10. The patient's date of injury is 04/12/13. Patient is status post two corticosteroid injections to the right knee, last in December 2014 with the patient reporting no relief. The request is for LIDOPRO TOPICAL OINTMENT #1. The RFA was not provided. Physical examination of the right knee dated 03/11/15 reveals decreased and painful range of motion, tenderness to palpation of the medial and lateral aspects, and positive edema of the anterior-medial and anterior-lateral aspects. The provider also notes some atrophy of the right quadriceps. Lower back examination reveals tenderness to palpation over the right L4-5 and L5-S1 facet joints, negative straight leg raise test bilaterally, negative FABER test, and intact motor/sensory function in the bilateral lower extremities. The patient is currently prescribed Anaprox, Prilosec, Capsaicin cream, and Ultracet. Diagnostic imaging included lumbar MRI dated 02/09/15, significant findings include: "No MR correlate for the patient's presentation of right leg radiculopathy... Annular fissure at L5-S1 associated with shallow disc protrusion." MRI of the right knee dated 02/09/15 was also provided, significant findings include: "Mild tricompartmental cartilage loss, most pronounced within the lateral and patellofemoral compartments... Minimal flaying of the free edge of the lateral meniscus." Patient is not currently working. LidoPro lotion contains Capsaicin, Lidocaine, Menthol, and methyl salicylate. The MTUS has the following regarding topical creams p111, chronic pain section: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. The FDA for neuropathic pain has designated topical Lidocaine, in the formulation of a dermal patch-Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine, whether creams, lotions or gels, are indicated for neuropathic pain." In regard to the request for a trial of Lidopro cream for this patient's chronic pain, the active ingredient in this cream, Lidocaine, is not supported in this form. MTUS guidelines only support Lidocaine in patch form, not cream form. Lidocaine is also only indicated for pain with a neuropathic component. This patient presents with chronic right knee pain and lower back pain; not localized neuropathic pain amenable to topical Lidocaine. Therefore, the request IS NOT medically necessary. LidoPro lotion contains Capsaicin, Lidocaine, Menthol, and methyl salicylate. The MTUS has the following regarding topical creams p111, chronic pain section: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. Topical Lidocaine, in the formulation of a dermal patch - Lidoderm-has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine, whether creams, lotions or gels, are indicated for neuropathic pain." In regard to the request for a trial of Lidopro cream for this patient's chronic pain, the active ingredient in this cream, Lidocaine, is not supported in this form. MTUS guidelines only support Lidocaine in patch form, not cream form. Lidocaine is also only indicated for pain with a neuropathic component. This patient presents with chronic right knee pain and lower back pain; not localized neuropathic pain amenable to topical Lidocaine. Therefore the request IS NOT medically necessary.

Naproxen Sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, Naproxen (Naprosyn) Page(s): 67-68, 70, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain Outcomes and Endpoints Page(s): 22,8.

Decision rationale: The patient presents on 03/11/15 with right knee pain rated 4-5/10, and lower back pain rated 3-4/10. The patient's date of injury is 04/12/13. Patient is status post two corticosteroid injections to the right knee, last in December 2014 with the patient reporting no relief. The request is for NAPROXEN SODIUM 550MG TABLET #60. The RFA was not provided. Physical examination of the right knee dated 03/11/15 reveals decreased and painful range of motion, tenderness to palpation of the medial and lateral aspects, and positive edema of the anterior-medial and anterior-lateral aspects. The provider also notes some atrophy of the right quadriceps. Lower back examination reveals tenderness to palpation over the right L4-5 and L5- S1 facet joints, negative straight leg raise test bilaterally, negative FABER test, and intact motor/sensory function in the bilateral lower extremities. The patient is currently prescribed Anaprox, Prilosec, Capsaicin cream, and Ultracet. Diagnostic imaging included lumbar MRI dated 02/09/15, significant findings include "No MR correlate for the patient's presentation of right leg radiculopathy... Annular fissure at L5-S1 associated with shallow disc protrusion." MRI of the right knee dated 02/09/15 was also provided, significant findings include: "Mild tricompartmental cartilage loss, most pronounced within the lateral and patellofemoral compartments... Minimal flaying of the free edge of the lateral meniscus." Patient is not currently working. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". In regard to the continuation of Naproxen for this patient's chronic lower back and knee pain, the request is appropriate. Progress notes indicate that this patient has been taking Naproxen since at least 11/13/14. Addressing efficacy, progress note dated 03/11/15 has the following: "She states that the Anaprox is helping with her pain and inflammation." Given the conservative nature of NSAID medications, and the provided documentation of pain and inflammation reduction, continuation of this medication is substantiated. The request IS medically necessary.