

Case Number:	CM15-0087343		
Date Assigned:	05/11/2015	Date of Injury:	12/11/2013
Decision Date:	06/12/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female, who sustained an industrial injury on 12/11/2013. The initial complaints or symptoms included right ankle, right knee and back pain injury after tripping and falling. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, injections, conservative therapies, right knee surgery, radiofrequency ablation, and diagnostic facet blocks. Currently, the injured worker complains of intermittent right knee pain rated 8/10 with associated weakness, clicking, buckling and locking. There was also noted swelling of the knee. The right ankle complaints included intermittent pain (rated 4/10). The injured worker is currently being treated with conservative care and unspecified medications. The diagnoses include bilateral facet joint pain, lumbar facet joint arthropathy, chronic back pain, right knee internal derangement, rule out ACL tear with 2+ laxity with anterior drawer testing, and right ankle sinus tarsi inflammation as well as peroneal tendon inflammation. The request for authorization included Lidopro ointment 121 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64, 111-113, 120.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. There is no documentation of pain and functional improvement with previous use of Lido Pro. Based on the above Lidopro ointment 121gm is not medically necessary.