MAXIMUS Federal Services

Case Number:	CM14-0122810		
Date Assigned:	09/18/2014	Date of Injury:	08/02/1991
Decision Date:	10/16/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 60 year-old female with date of injury 08/02/1991. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/01/2014, lists subjective complaints as pain in the bilateral knees. Objective findings: Examination of the bilateral lower extremities revealed extension to 180 degrees and flexion to 100 degrees. No range of motion, provocative maneuvers, strength, or sensory examinations were performed. Diagnosis: 1. Internal derangement of the knee on the right and left status post total knee replacement 2. Sleep issues 3. Hypertension 4. Depression 5. Weight gain. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as four months.Medications:1.LidoPro Lotion 4oz: topical application twice daily2.Norco 10/325mg, #150 SIG: one tab every 6 hours

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro lotion 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 111-112.

Decision rationale: Lidopro lotion is a compounded medication which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the Chronic Pain Medical Treatment Guidelines, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Therefore, the request for LidoPro lotion 4 ounces Is not medically necessary or appropriate.

Norco 10/325 mg, 150 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 4 months. Therefore, the request for Norco 10/325 mg, 150 count, is not medically necessary or appropriate.