

Case Number:	CM14-0129549		
Date Assigned:	08/18/2014	Date of Injury:	12/24/2009
Decision Date:	10/23/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, ankle pain, depression, psychological stress, and anxiety reportedly associated with an industrial injury of December 24, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; a knee brace; a TENS unit; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 30, 2014, the claims administrator retrospectively denied a request for already-dispensed LidoPro ointment. The applicant's attorney subsequently appealed. In an August 6, 2013 progress note, the applicant was given diagnosis of chronic left knee pain status post earlier knee arthroscopy, left ankle pain status post left ankle surgery, left plantar fasciitis, psychological stress, and depression. Voltaren gel was apparently endorsed, along with topical Medrox. Permanent work restrictions were renewed. It was acknowledged that the applicant was not working with said limitations in place. In a progress note dated June 24, 2014, the applicant was again described as having chronic knee and ankle pain with derivative complaints of stress, anxiety, insomnia, and depression. Naprosyn, Protonix, Terocin patches, and topical LidoPro were apparently dispensed. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lido Pro ointment (duration unknown and frequency unknown) dispensed on 06/24/2014: 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 Analgesics topic. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as LidoPro, as a class, are deemed "largely experimental." In this case, it is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Naprosyn effectively obviate the need for largely experimental topical compounds such as the LidoPro ointment in question. Therefore, the request was not medically necessary.