

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0180648 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 03/17/2008 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 10/01/2014 |
| Priority: | Standard | Application Received: | 10/30/2014 |

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 3/17/2008. The date of the Utilization Review under appeal is 10/1/2014. Diagnoses on a related request for authorization describes a diagnosis of left knee osteoarthritis status post arthroscopy, and lumbar disc disease with radiculopathy of the left lower extremity. On 8/21/2014, the patient was seen in orthopedic followup. The patient was noted to have nonspecific pain in her knee and requested a total knee replacement of the left knee. The treating physician opined that a good portion of the patient's pain was neurogenic in nature and that knee replacement would not necessarily solve her problems. The treating physician recommended weight loss and lumbar epidural injections rather than knee surgery. The initial physician review opined that lidocaine was not recommended except as a transdermal patch and capsaicin was not recommended at the 0.0325% strength and therefore suggested that LidoPro ointment was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Topical Analgesics page 111 states that the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, the treating orthopedic surgeon has opined that this patient has predominantly localized neuropathic pain in the knee. A trial of topical lidocaine would be indicated in this situation per the guidelines. However, this medication additionally contains topical capsaicin, which is indicated only when all other treatment options fail. Moreover, topical capsaicin is not recommended by the treatment guidelines at the 0.0325% concentration present in LidoPro ointment. For these reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.