

Case Number:	CM14-0185512		
Date Assigned:	11/13/2014	Date of Injury:	02/06/2008
Decision Date:	12/19/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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; has a subspecialty in Interventional spine 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 patient is a 46 year old female with an injury date of 02/06/08. Based on the progress report dated 10/21/14, the patient complains of right knee pain. Squatting and kneeling are limited, walking capacity is minimal, and the patient also has buckling, limping and swelling. Chores around the house are limited as well. The pain is rated at 7/10 without medication and 4/10 with medication. Physical examination, as per progress report dated 09/23/14, reveals tenderness along the joint line. Physical examination, as per progress report dated 08/19/14, shows tenderness along medial joint line and some weakness to resisted function. In progress report dated 07/11/14, the patient states that her right knee pain is 7/10 without medication and 5/10 with medication. She also suffers from spasms, numbness and tingling in the affected area. The patient received four cortisone injections, three Hyalgen injections and four surgeries, including a meniscectomy and medial and lateral chondroplasty on 04/22/13, as per progress report dated 10/21/14. The patient also has access to DonJoy brace, hot and cold wrap, and TENS unit, as per the same report. List of medications include Percocet, MS Contin, Flexeril, Nalfon, Protonix, Remeron, Trazodone, Lidopro cream, and anti-inflammatory drugs. The patient is allergic to Vicodin, Lipitor, Tramadol and Zocor. MRI of the Right Knee, as per progress report dated 10/21/14, post meniscectomy and medial and lateral chondroplasty, revealed: Moderate change along the medial joint line. X-ray, as per progress report dated 08/19/14: Complete loss of articular surface along the medial joint line. Diagnosis, 10/21/14- Internal derangement of the right knee, status post two meniscectomies with grade II and grade III chondromalacia along the medial femoral condyle, Patellar joint as well as moderate tricompartmental arthritis. - Complex degenerative tear of the posteriorhorn of the medial meniscus and brace joint effusion, status post-operative arthroscopy of the right knee, synovectomy, and chondroplasty- Chronic pain

syndromeThe treater is requesting for LidoPro cream 80mg 1 bottle. The utilization review determination being challenged is dated 10/28/14. The rationale was "the scientific evidence of its efficacy is weak." Treatment reports were provided from 04/0914 - 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream 80mg 1 bottle: Upheld

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

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

Decision rationale: The patient presents with right knee pain, rated at 7/10 without medication and 4/10 with medication. Chores around the house, squatting and kneeling are limited, walking capacity is minimal, and the patient has buckling, limping and swelling, as per progress report dated 10/21/14. The request is for LidoPro cream 80mg 1 bottle. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. The patient is on pain treatments such as DonJoy brace, hot and cold wrap, and TENS unit, as per the report dated 10/21/14, along with medications such as Percocet and Flexeril. Lidopro Cream was first mentioned in report dated 08/19/14 and in every report since then. However, the reports do not document the specific benefits of Lidopro cream. Also, MTUS guidelines do not support any other formulation than topical patches therefore request is not medically necessary.