

Case Number:	CM14-0085465		
Date Assigned:	09/10/2014	Date of Injury:	11/09/2006
Decision Date:	10/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 Nevada. 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 injured worker is a 51 year-old male who was reportedly injured on November 9, 2006. The most recent progress note dated June 3, 2014, indicates that there are ongoing complaints of knee pain (plantar sugars were postponed secondary to the diabetes not being under good control). The physical examination demonstrated a borderline hypertensive (132/71) individual who is tenderness about the right knee associate with a positive McMurray's sign. A marked decrease in flexion (110 degrees) and extension (-10 degrees) is reported. Diagnostic imaging studies were not reported in this note. Previous treatment includes conservative care, medications and physical therapy. A request was made for LidoPro and was denied in the pre-authorization process on May 23 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound; 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 Page(s): 111.

Decision rationale: This is a compounded preparation which includes capsaicin, Lidocaine, Menthol and Methyl Salicylate. Neither Lidocaine, nor menthol is endorsed by the California MTUS for any of this claimant's compensable diagnosis. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Therefore, this request is not medically necessary.