

Case Number:	CM14-0218101		
Date Assigned:	01/07/2015	Date of Injury:	02/16/2014
Decision Date:	03/27/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male who sustained an industrial related injury on 2/16/14 by being assaulted. The injured worker had complaints of lumbar spine, bilateral knee, bilateral hip, right ankle, and bilateral foot pain. Diagnoses included right ankle sprain, right ankle severe ligament tears, and right knee strain rule out meniscal tear and ligament tear. Medication included Tramadol and Naproxen. Treatment included physical therapy, hot/cold packs, massage, electrode treatment and range of motion exercises. The treating physician requested authorization for Lidoprofen gel topical analgesic. On 12/17/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documentation of intolerance to oral pain medication that would indicate the need for an alternative treatment in the form of a topical analgesic. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoprofen Gel: 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 analgesic Page(s): 111-113.

Decision rationale: This patient presents with continued complaints of severe pain in his right foot. The current request is for LidoProfen gel. LidoProfen is a topical gel that includes ketamine, ketoprofen, and lidocaine. The MTUS Guidelines page 112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine and the formulation of a dermal patch (Lidoderm) has been designated orphan status by the FDA for neuropathic pain." The MTUS Guidelines do not allow any other formulation of Lidocaine other than in a patch form. The MTUS Guidelines further states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." Under ketoprofen, MTUS Guidelines states, "This agent is not currently FDA approved for topical application." MTUS further states that ketamine is "not recommended." The requested topical cream is not medically necessary.