

Case Number:	CM15-0016221		
Date Assigned:	02/04/2015	Date of Injury:	11/20/1995
Decision Date:	03/26/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 72 year old female with an industrial injury dated 11/20/1995 as the result of a fall. Her diagnoses include osteoarthritis primary involving the lower extremity. Recent diagnostic testing has included x-rays of the left knee (date unknown) showing a total arthroplasty with proper alignment. She has been treated with left knee arthroplasty, physical therapy, medications, and conservative care. In a follow up progress note dated 12/02/2014, the treating physician reports continued left knee pain post replacement. The objective examination revealed diffuse pain to the left knee, restricted range of motion, decreased swelling of the left knee, and questionable flicker of the dorsiflexion of the left foot. The treating physician is requesting LidoPro 4%-0.0325% with 2 refills which was denied/modified by the utilization review. On 01/21/2015, Utilization Review non-certified a prescription for LidoPro 4%-0.0325% with 2 refills, noting the absence of evidence indicating that antidepressants, tricyclic or antiepileptic medications have been tried prior to the request for a topical medication. The MTUS ACOEM ODG Guidelines were cited. On 01/28/2015, the injured worker submitted an application for IMR for review of LidoPro 4%-0.0325% with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lido Pro 4%-0.0325% with 2 refills: 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 Page(s): 111-113.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The LidoPro is a compound that contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methylsalicylate 27.5%), anesthetic (lidocaine 4.5%), and general pain reliever (menthol 10% and capsaicin 0.0325%) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the strength approved by the FDA. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis and at a 0.075% concentration for pain due to specific types of neuropathy only in patients who have not responded to or are intolerant of other treatments. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for an indefinite supply of topical LidoPro with two refills is not medically necessary.