

Case Number:	CM15-0113181		
Date Assigned:	06/19/2015	Date of Injury:	12/21/2002
Decision Date:	07/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/11/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 58 year old male who sustained an industrial injury on 12/21/02 from a fall injuring his right knee. He was medically evaluated and diagnosed with a right knee contusion. He received an x-ray of the right knee (12/21/02) that showed degenerative changes; Skelaxin and Motrin; knee brace; analgesic balm and was placed on modified duty. He currently complains of low back pain with radiation to the left hip; bilateral knee and left hip pain; right ankle pain. He uses a cane for ambulation. On physical exam there was guarding over the left sacroiliac joint with reduced range of motion of the lumbar spine. He has difficulty with daily activities and has difficulty with prolonged sitting, standing, walking kneeling and stooping. Medications are gabapentin, Norco. Diagnoses include lumbosacral radiculopathy; lumbar spine sprain/ strain; sacroiliitis; lumbar disc disorder with myelopathy; ankle and tarsus enthesopathy; enthesopathy of wrist; brachial neuritis or radiculitis; thoracic or lumbosacral neuritis or radiculitis; sprains and strains of the knee and leg; enthesopathy of hip; plantar fascial fibromatosis; status post right knee diagnostic arthroscopy (3/26/07). Treatments to date include radiofrequency ablation of the S1 joint that increased his range of motion and functional capacity significantly; interferential unit; steroid injection right knee; physical therapy; acupuncture; chiropractic treatments; psychological evaluation (10/26/07); epidural steroid injection to the right knee and lumbar spine. Diagnostics include MRI of the right knee (1/15/03) showing joint effusion and intermeniscal degeneration; MRI right knee (9/22/04) medial meniscus tear. On 5/6/15, Utilization Review evaluated a request for LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective LidoPro cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel is indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations, which are not in patch form. As such, the currently requested Lidopro cream is not medically necessary.