

Case Number:	CM15-0125104		
Date Assigned:	07/09/2015	Date of Injury:	02/09/2015
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41-year-old female who sustained an industrial injury to her left lower extremity on 02/09/2015 while instructing dance class. The injured worker was diagnosed with left calf and knee sprain/strain. Treatment to date has included diagnostic testing with magnetic resonance imaging (MRI) on February 29, 2015, activity restrictions, physical therapy, hot packs/ice therapy and medications. According to the primary treating physician's progress report on May 29, 2015, the injured worker experiences slight improvement in pain, spasm and swelling of the left calf, ankle, thigh and buttock. The injured worker rates her pain level at 3/10 with medications and 8-9/10 without medications. Examination demonstrated left knee flexion at 120/135 and extension at 130/180 with negative McMurray's and anterior drawer sign. There was pain, spasm and edema of the left calf on extension. Current medications are listed as Tramadol ER, Cyclobenzaprine, Fenopropfen, Omeprazole and topical analgesics. Treatment plan consists of medication regimen, hot pack, physical therapy and the current request for LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream 121 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient developed neuropathic pain. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Based on the above, LidoPro Topical Ointment 121g is not medically necessary.