

Case Number:	CM15-0126567		
Date Assigned:	07/13/2015	Date of Injury:	06/12/2003
Decision Date:	08/06/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 64 year old male with a June 12, 2003 date of injury. A progress note dated May 26, 2015 documents subjective complaints (knee pain is stable bilaterally), objective findings (Clark's sign for possible patellar chondromalacia positive on the left; positive patella inhibition test on the left; right knee effusion; knee is warm; slight valgus deformity noted; poor patella tracking; antalgic gait; ambulates with a cane), and current diagnoses (myalgia and myositis; disorders of the bursae and tendons in shoulder region; osteoarthritis involving lower leg; tear of medial cartilage or meniscus of knee; pain in joint involving lower leg). Treatments to date have included medications, physical therapy, right knee arthroscopy, imaging studies, and home exercise. The treating physician documented a plan of care that included EnovaRX Lidocaine 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

EnovaRX Lidocaine 10 Percent 120 Gram 30 Day Supply: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, EnovaRX Lidocaine 10% 120 g, 30-day supply is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of Lidocaine with cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are myalgia and myositis; disorders of bursa and tendons and shoulder region; osteoarthritis; tear medial cartilage or meniscus of knee; pain in joint lower leg; obesity. The date of injury is June 12, 2003. The request for authorization is dated June 11, 2015. According to a May 26, 2015 and a June 22, 2015, progress note there is no documentation, clinical discussion, rationale or indication for Lidocaine 10% cream or ointment. The injured worker's current medications include Norco 10 mg, Protonix, Naproxen and Flector patches. Subjectively, the injured worker has the pain that is unchanged from prior visits. The injured worker presented for medication refills. Medications have been denied for six months. Consequently, absent clinical documentation with the clinical indication, rationale and discussion, EnovaRX Lidocaine 10% 120 g, 30-day supply is not medically necessary.