

Case Number:	CM15-0176382		
Date Assigned:	09/17/2015	Date of Injury:	01/04/2014
Decision Date:	10/20/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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

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 63 year old female, who sustained an industrial injury on January 4, 2014. The injured worker was being treated for right knee pain, right medial meniscus tear, and myofascial pain syndrome. Medical records (May 12, 2015 to August 4, 2015) indicate ongoing right knee pain, especially with longer periods of walking. The injured worker has ongoing right quadriceps muscle spasms with numbness and tingling surrounding the right knee. Her medications including Lidopro are beneficial. She continues to work full duty. The medical records (May 12, 2015 to 9/9/2015) did not include documentation of the subjective pain ratings. Records also indicate difficulty with her activities of daily living due to right knee pain, such as putting on her pants and nylons, getting on and off the toilet, getting in and out of the tub, and getting up and downstairs, chairs, and walking. The physical exam (August 4, 2015) reveals normal range of motion of the right knee and muscle spasms, trigger points, and tenderness in the quadriceps. There is tenderness to palpation in the right knee medial and lateral compartments, and decreased sensation to light touch around the right knee especially around the peroneal nerve distribution. Diagnostic studies were not included in the provided medical records. Treatment has included physical therapy, ice, a right knee injection, and medications including topical pain (Lidopro cream since at least May 2015), anti-epilepsy (Gabapentin), muscle relaxant (Flexeril), proton pump inhibitor (Omeprazole), and non-steroidal anti-inflammatory (Naprosyn). Per the treating physician (August 4, 2015 report), the injured worker has no work preclusions or restrictions. On August 25, 2015, the requested treatments included Lidopro 4% ointment. On September 3, 2015, the original utilization review non-certified a request for Lidopro 4% ointment 121gms #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% ointment 121gms #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidopro 4% ointment 121gms #2 is not medically necessary and appropriate.