

Case Number:	CM15-0039925		
Date Assigned:	03/10/2015	Date of Injury:	09/09/2008
Decision Date:	04/15/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 45 year old male who sustained a work related injury September 9, 2008. While lifting a 150 pound container, he twisted his body to the right and hit his left knee on the corner of a metal step, which became swollen and painful. He was treated with ibuprofen and a knee brace. Past history includes s/arthroscopy of the left knee November, 2009 for meniscal tear, arthroscopy left knee October 2010, and arthroscopy, extensive meniscectomy for horizontal tear of the posterior third of the posterior horn, medial meniscus, September, 2011. He has also received medication and chiropractic treatment for low back pain. According to a primary treating physician's report dated January 30, 2015, the injured worker presented with complaints of low back pain radiating to the left lower extremity and left knee pain. Diagnoses included post-op chronic back pain; discogenic back; lumbar radiculitis L4-5 and L5-S1 and depression. Treatment plan included refill medications, continuing home exercise and TENS regularly, and requests for laboratory tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of LidoPro cream 121g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded.

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, Lidopro cream 121 g 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 a cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Lidopro contains lidocaine in cream form and capsaicin 0.0375%. In this case, the injured worker's working diagnoses are postoperative chronic back pain; discogenic back; history gastritis; lumbar radiculitis; chronic left knee pain; internal meniscal tear left knee status post surgeries; and depression. The documentation states the topical cream was very helpful in the past. There is no documentation with clinical indication or regional area with which to apply the topical cream. Additionally, Lidocaine in cream form is not recommended. Capsaicin 0.0375% is not recommended. Any compounded product that contains at least one drug (lidocaine cream and Capsaicin 0.0375%) that is not recommended is not recommended. Consequently, Lidopro cream is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidopro cream 121 g is not medically necessary.

1 labs; CBC, CMP, H.pylori antigen test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical, Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, labs (CBC, CMP, H.pylori antigen test) is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are postoperative chronic back pain; discogenic back; history gastritis; lumbar radiculitis; chronic left knee pain; internal

meniscal tear left knee status post surgeries; and depression. The documentation indicates the injured worker takes non-steroidal anti-inflammatory drugs prn and Norco with "flares." The documentation indicates a history of gastritis (secondary medications). There is no clinical rationale and or indication for performing a CBC, CMP and an H. Pylori antigen test. The documentation includes only obtaining a request to order the lab tests. Consequently, absent clinical documentation with clinical indication and rationale for the lab tests including an H. pylori, labs (CBC, CMP, H. Pylori antigen test) is not medically necessary.