

Case Number:	CM15-0062738		
Date Assigned:	04/08/2015	Date of Injury:	02/12/2014
Decision Date:	05/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on February 12, 2014. He reported right knee and low back pain with numbness and tingling radiating to the right lower extremity. The injured worker was diagnosed as having right patellar dislocation, right MPFL tear and lumbar sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, Chiropractic care, medications and work restrictions. Currently, the injured worker complains of right knee, low back and right lower extremity pain with associated numbness and tingling. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on August 29, 2014, revealed continued pain. Evaluation on December 5, 2014, revealed continued severe pain. It was noted he required a trip to the emergency department since the last visit for a flare up of severe back pain. A topical pain medication was requested. Physical examination on 2/20/15 revealed decreased sensation and reflexes, normal strength and gait, tenderness on palpation over right knee and back, limited range of motion of the low back and positive SLE, facet loading test and anterior drawer test. The medication list includes Naproxen, Advil and Norco. The patient has had X-ray and MRI of the left knee that revealed dislocation in 2/12/14. The patient has had X-ray of the low back that revealed narrowing of the disc space.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Lidopro lotion #1/applicator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Request: One prescription for Lidopro lotion #1/applicator. Lidopro ointment contains capsaicin, lidocaine, menthol, and methyl salicylate. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" Lidocaine Indication: Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended." Topical salicylate like methyl salicylate is recommended. However, there is no high grade scientific evidence for its use as a compounded medication with other topical analgesics. There is no high-grade scientific evidence to support the use of menthol for relief of pain. There was no evidence in the records provided that the pain is neuropathic in nature. The records provided did not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA, MTUS, chronic pain treatment guidelines. The medical necessity of the Lidopro lotion is not established the medical necessity of the Lidopro lotion #1/applicator is also not established. The medical necessity of the request for one prescription for Lidopro lotion #1/applicator is not fully established in this patient.