

Case Number:	CM15-0064840		
Date Assigned:	04/10/2015	Date of Injury:	11/11/2014
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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: Emergency 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 63 year old male, who sustained an industrial injury on 11/11/2014. He reported pain in the right knee after walking on uneven ground. The injured worker was diagnosed as having peroneal neuropathy of the knee, myalgia and myositis. Right knee magnetic resonance imaging showed full thickness tear in the medial meniscus as well as osteoarthritis and a popliteal cyst. Treatment to date has included physical therapy, steroids, TENS (transcutaneous electrical nerve stimulation), H wave, acupuncture and medication management. In a progress note dated 2/4/2015, the injured worker complains of right knee pain and swelling. The treating physician is requesting Lidopro and 8 sessions of acupuncture to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines: Any compounded product that contain one drug or drug class that is not recommended is not recommended. Lidopro contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of a failure of 1st line agent. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain but pt is on it chronically. Not medically recommended. 4) Menthol: There is no data on Menthol in the MTUS. There is no documentation of any objective improvement with this medication. The prescription is also incomplete with no amount or dosage/concentration requested. Since this is an incomplete prescription and multiple drugs are not recommended, the combination medication, Lidopro is not recommended. Therefore, the requested medical treatment is not medically necessary.

Acupuncture 2 x per week x 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Definitions - Functional Improvement.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS Acupuncture treatment guidelines, acupuncture may be attempted as a trial basis. Any additional acupuncture sessions will require documentation of objective functional improvement and objective improvement in pain. Patient has had at least 6 sessions of prior acupuncture sessions. There is a subjective claim of "good results" but no objective documentation of any improvement in pain or any functional improvement despite prior acupuncture sessions. Additional acupuncture is not medically necessary.