MAXIMUS Federal Services

Case Number:	CM15-0065960		
Date Assigned:	04/13/2015	Date of Injury:	08/15/2011
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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: North Carolina, Georgia
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:

This 45 year old female sustained an industrial injury to the left knee on 8/15/11. Previous treatment included magnetic resonance imaging, left knee arthroscopy with medial meniscectomy, physical therapy, chiropractic therapy, epidural steroid injections, lumbar facet medial branch block and medications. In a PR-2 dated 2/11/15, the injured worker complained of left knee pain rated 4/10 on the visual analog scale. The injured worker stated that when she walked she felt her bones grinding. The injured worker also complained of left low back pain. Current diagnoses included lumbar facet arthropathy, lumbar stenosis, left IT band syndrome, left trochanteric bursitis, lumbar sprain/strain, lumbago, lumbar degenerative disc disease, left knee meniscal tear and left knee degenerative joint disease. The treatment plan included medications (Tramadol, Hydrocodone and LidoPro topical ointment), laboratory studies, lumbar medial branch block, follow up in 8 weeks and physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment with applicator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, Lidopro topical ointment is not medically necessary and the original UR decision is upheld.

Follow-up in 8 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Knee, Office visits.

Decision rationale: ODG addresses office visits in the section on low back and knee and states that initial and follow up evaluations are indicated at appropriate intervals given the clinical situation. In this case, the claimant has no acute injury. She is seen in follow-up for medication management and consideration of alternate pain management interventions. An 8-week interval is appropriate and medically necessary.