

Case Number:	CM15-0076242		
Date Assigned:	04/28/2015	Date of Injury:	09/27/2004
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/22/2015

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: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on September 27, 2004. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having an ankle sprain, knee sprain/strain status post surgery, chronic pain, and myofascial pain. Diagnostic studies were not included in the provided medical records. Treatment to date has included a home exercise program, a transcutaneous electrical nerve stimulation (TENS) unit, steroid injection, a left knee sleeve, knee brace, and medications including topical pain, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. On February 25, 2015, the injured worker complains of continued knee pain, greater on the left than the right. The topical compound medication was very helpful. Her pain is 50% improved with her medications. She does her home exercise program and uses her transcutaneous electrical nerve stimulation (TENS) regularly. She works full time. The physical exam revealed mild crepitus in the knees, tenderness to palpation, and an antalgic gait. The treatment plan includes a trial of topical compound medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro cream 121g (DOS 01/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics Page(s): 105, 112.

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

Decision rationale: The MTUS Guidelines are very specific regarding the recommended use of topical Lidocaine. Only topical Lidoderm Patches are recommended. The Guidelines specifically state that compounded blends or creams of Lidocaine are not supported due to variable absorption and attendant risks. There are no unusual circumstances to justify an exception to Guidelines. The Lidopro cream 121gms (DOS 1/21/15) is not medically necessary.