

Case Number:	CM15-0076331		
Date Assigned:	06/02/2015	Date of Injury:	01/07/2009
Decision Date:	06/30/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old male who reported an industrial injury on 1/7/2009. His diagnoses, and/or impressions, are noted to include: internal derangement of the left knee, status-post 2 surgical interventions (1/12/12 & 8/26/13); sprain and internal rotation of the right knee as a result of compensatory mechanism; and joint leg pain and stiffness with difficulty walking, resulting in compensatory weight gain from chronic pain and inactivity. No current imaging studies are noted. His treatments have included surgery; physical therapy; injection therapy; regular and custom left knee brace; heat/cold therapy; a home trans-cutaneous electrical nerve stimulation unit therapy; medication management; and rest from work with modified work duties but has not worked since 2009. The progress notes of 3/24/2015 reported a follow-up visit for coverage of both knees, the injured worker stating that surgery has not helped his knee whatsoever; and complaints of issues with sleep, stress and depression. The objective findings were noted to include tenderness to palpation along the knee; weakness to resisted function; and decreased range-of-motion. The physician's requests for treatments were noted to include Lido-pro cream, as the additional requests were noted to be found conditionally non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in January 2009 and continues to be treated for knee pain. He has undergone knee surgeries without improvement. When seen, there was decreased range of motion with tenderness and weakness. Authorization for medications including naproxen, Nalfon (fenoprofen) , and LidoPro cream were requested. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication and the claimant was also prescribed two oral NSAIDs at the time of this request. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.