

Case Number:	CM15-0098778		
Date Assigned:	06/01/2015	Date of Injury:	07/20/2012
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/21/2015

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: California, North Carolina
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 54-year-old male, who sustained an industrial injury on 07/20/2012. The injured worker is currently not working due to employer being unable to accommodate restrictions. The injured worker is currently diagnosed as having right knee sprain/strain, right hip or thigh strain, and gastritis. Treatment and diagnostics to date has included Transcutaneous Electrical Nerve Stimulation Unit which is helpful, right hip MRI which showed focal signal alteration concerning for tearing at the acetabular labrum and sever disc disease at L4-5, and medications which are helpful to decrease pain but does not affect activities of daily living. In a progress note dated 04/30/2015, the injured worker presented with complaints of worsening pain in right knee. Objective findings include right hip and right knee tenderness with slowed gait and limp. The treating physician reported requesting authorization for a trial of LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for LidoPro cream 121gm (DOS: 04/30/15): Upheld

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

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. LidoPro cream contains capsaicin, lidocaine, and menthol and methyl salicylate. Lidocaine is only indicated in the formulation of a lidoderm patch. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Therefore, this request is deemed not medically necessary or appropriate.