

Case Number:	CM13-0027208		
Date Assigned:	11/22/2013	Date of Injury:	07/15/2012
Decision Date:	02/05/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of July 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; unspecified amounts of physical therapy; TENS unit; a wrist splint; ergonomic evaluation; extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 3, 2013, the claims administrator denied a request for a topical compounded medication. The applicant's attorney later appealed. An earlier note of September 5, 2013, is notable for comments that the applicant is off of work, on total temporary disability, owing to diagnoses of chronic low back pain, carpal tunnel syndrome, shoulder pain, and elbow pain. A legal deposition is pending. Prescriptions are also filled on both September 5, 2013 and October 8, 2013 using preprinted check boxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective LenzaGel 120gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: LenzaGel is, per the National Library of Medicine, a lidocaine containing gel. As noted on Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, however, lidocaine is indicated as a second-line treatment for localized peripheral pain or neuropathic pain in individuals in whom there has been a trial of first-line antidepressants and/or anticonvulsants. In this case, however, the documentation on file does not clearly establish a diagnosis of neuropathic pain, nor does it establish the previous trial and/or failure of first-line antidepressants and/or anticonvulsants. Therefore, the request for LenzaGel is not certified.