

Case Number:	CM13-0031695		
Date Assigned:	12/04/2013	Date of Injury:	12/01/1999
Decision Date:	01/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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 Family Practice 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 patient is a 26-year-old male who reported an injury on 12/01/1999. The mechanism of injury was noted as lifting. The patient complained of low back pain. Objective findings include reduced range of motion of the lumbosacral spine in all planes, positive straight leg raise testing bilaterally, reduced sensation and strength in the L4, L5, and S1 distributions of the bilateral lower extremities, absent deep tendon reflexes bilaterally below the waist, and tender, painful, bilateral paraspinal musculature with spasms. The diagnoses are listed as lumbosacral spine disc syndrome with strain/sprain disorder, radiculopathy, cauda equina syndrome, arachnoiditis status post laminectomy/discectomy surgical procedure and postoperative laminectomy/discectomy syndrome, as well as chronic pain syndrome with idiopathic insomnia. A plan was noted for a possible spinal stimulator trial, and medications, including Lenza Gel, Medi Patch, and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza Gel (Lidocaine HCL %4.00, Menthol 1.00%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals Page(s): 122,105.

Decision rationale: California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It further states that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The patient's Lenza Gel is noted to contain lidocaine and menthol. The guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic or SNRI antidepressants or an antiepilepsy drug such as gabapentin or Lyrica. It further states that topical lidocaine in the formulation of a dermal patch is the only FDA approved topical formulation of lidocaine. It further states that topical lidocaine is not recommended for nonneuropathic pain. Salicylate topicals are recommended as they were shown to work significantly better than placebo for chronic pain. Therefore, the salicylate topical is recommended by guidelines; however, as the topical form of lidocaine is not recommended for nonneuropathic pain and any formulation besides a Lidoderm patch is not recommended for neuropathic pain, the request is not supported. Therefore, the request is non-certified.

Medi Patch: Upheld

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

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

Decision rationale: The Medi Patch is stated to contain capsaicin, lidocaine, menthol, and methyl salicylate. California MTUS Guidelines state that methyl salicylates including menthol are recommended as they have been shown to work better than placebo for chronic pain. However, lidocaine is not recommended for nonneuropathic pain, and only in the form of Lidoderm patches for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are otherwise intolerant to other treatments. It does state that topical capsaicin has moderate to poor efficacy; however, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. The guidelines state that for compounded products that contain at least 1 drug, or drug class that is not recommended, is not recommended. As the documentation provided for review fails to show adequate first line treatments that the patient was intolerant or unresponsive to prior to using the topical capsaicin; therefore, it is not recommended. Additionally, topical lidocaine other than the Lidoderm patch for neuropathic pain, is not recommended. Therefore, the request for Medi Patch is not supported by guidelines. For this reason, the request is non-certified.