

<b>Case Number:</b>	CM13-0044799		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/29/1998
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 55-year-old male who reported a work-related injury on 06/29/1998. The specific mechanism of injury was not stated. The patient is status post right total knee replacement as of 08/30/2011 and right shoulder arthroscopy, rotator cuff repair, SLAP repair, subacromial decompression as of 10/31/2011. The clinical note dated 09/30/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents for treatment of the following diagnoses: closed dislocation of the acromioclavicular joint, osteoarthritis localized primary involving lower leg, mechanical complication of internal orthopedic device implant graft, causalgia of lower limb, long-term current use of medications, and lumbago. The provider documented the patient rates his pain at a 9/10. The clinical notes document the patient utilizes LenzaGel External Gel, Medi-Patch-Lidocaine External Patch, and Norco 10/325.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LenzaGel external gel 4-1%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review evidences the patient presents with multiple pain complaints status post a work-related injury sustained in 1998. The provider documents the patient is to utilize both LenzaGel, which contains Lidocaine, Hydrochloride, and Menthol and also use of a Medi-Patch-Lidocaine External Patch, which contains Capsaicin, Lidocaine, and Menthol. The California MTUS indicates Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy tricyclic SNRI antidepressant or an AED such as Gabapentin or Lyrica. Topical Lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercial approved topical formulations of Lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. Given the lack of documentation of the patient's failure with a trial of a first line therapy tricyclic SNRI antidepressant or AED such as Gabapentin or Lyrica, the current request is not supported. As such, the request for LenzaGel External Gel-4-1% is not medically necessary or appropriate.

**Medi-patch Lidocaine external patch 0.5-0.035-5-20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review evidences the patient presents with multiple pain complaints status post a work-related injury sustained in 1998. The provider documents the patient is to utilize both LenzaGel, which contains Lidocaine, Hydrochloride, and Menthol and also use of a Medi-Patch-Lidocaine External Patch, which contains Capsaicin, Lidocaine, and Menthol. The California MTUS indicates Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy tricyclic SNRI antidepressant or an AED such as Gabapentin or Lyrica. Topical Lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercial approved topical formulations of Lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. Given the lack of documentation of the patient's failure with a trial of a first line therapy tricyclic SNRI antidepressant or AED such as Gabapentin or Lyrica, the current request is not supported. As such, the request for Medi-Patch-Lidocaine External Patch 0.5-0.35-5.20% is not medically necessary or appropriate.

**Norco oral tab 10-325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

**Decision rationale:** The current request is not supported. The clinical notes document the patient rates his pain at a 9/10. The provider documented the patient was seen in clinic on 09/30/2013 for refills of his medication regimen. It is unclear the duration, frequency, or efficacy of the patient's use of Norco 10/325, as the patient reports 9/10 continued chronic pain complaints. The California MTUS indicates, "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Given the above, the request for Norco Oral Tab 10-325mg is not medically necessary or appropriate.