

<b>Case Number:</b>	CM14-0005179		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/24/2000
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 injured worker is a 63 year old male who reported an injury on 02/24/2000. The mechanism of injury was a fall. Per the 11/11/2013 clinical note, the injured worker reported 3/10 left knee pain as well as multiple painful, swollen joints due to arthritis. Physical examination of the left knee included normal range of motion, +5/5 muscle strength of the knee extensors and flexors, and an antalgic gait. The injured worker was status post right total knee replacement. Treatment to date included medications. The provider recommended the injured worker continue conservative management. The request for authorization form for Lenza gel and Medi-Patch was not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LENZA GEL #240:** 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:** The request for Lenza gel #240 is non-certified. The active ingredients in Lenza gel are Lidocaine 4.00% and Menthol 1.00%. The CA MTUS guidelines state topical

analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Also, any compounded product that contains one drug (or drug class) that is not recommended is not recommended. The guidelines state no other commercially approved topical formulations of Lidocaine, other than Lidoderm, are indicated for neuropathic pain. There is no indication the injured worker was experiencing neuropathic pain. Lenza gel contains a drug that is not recommended for topical application; therefore, it is not recommended. In addition, the submitted request does not specify the site of application. As such, the request is non-certified.

**MEDI-PATCH #30:** 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:** The active ingredients in Medi-Patch are Capsaicin 0.035%, Lidocaine 0.5%, Menthol 5%, and Methyl salicylate 20%. The California MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Also, any compounded product that contains one drug (or drug class) that is not recommended is not recommended. The guidelines state no other commercially approved topical formulations of lidocaine, other than Lidoderm, are indicated for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is also no indication that a Capsaicin formulation greater than 0.025% provides any further efficacy. Medi-Patch contains drugs that are not recommended for topical application; therefore, it is not recommended. In addition, the submitted request does not specify the site of application. Therefore, the request for Medi-Patch # 30 is not medically necessary and appropriate.