

Case Number:	CM14-0156819		
Date Assigned:	09/26/2014	Date of Injury:	12/23/2011
Decision Date:	11/26/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/24/2014

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 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 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:

Injured worker is a female with date of injury 12/23/2011. Per primary treating physician's progress report dated 8/27/2014, the injured worker feels that she still has the same aggravation of pain around 7-8/10 with extreme difficulty to do all her activities. She states that with medications, it is tolerable, but when she tires, the pain can get worse. She states that she noticed her left leg has been getting extremely weak and she gets more pain in her left leg from the hip joint all the way down. She feels the sensation as if she is going to fall on occasion, and she has had to hold onto something so that she does not fall. She also states that she has had to take more medication than normal. She states that may be because she is trying to do more activities. She states that she continues to feel extreme anxiety and stress as well as depression because of the situation she is currently going through as well as not being able to do the same activities that she used to do with her children. She uses hot and cold compressors to try to reduce pain with movement. On examination she is walking slowly with a slightly antalgic gait favoring the left lower extremity. Heel and toe ambulation could not be completed because of pain. There is tenderness, stiffness, and tightness of the lumbosacral spine, worse at the L4-5 as well as bilateral posterior, superior iliac spine. Range of motion is reduced. Straight leg raise test is positive from sitting position at 45 degrees on the right side and 25 degrees on the left side. There is decreased sensation on left below knee on the medial side. There is decreased strength at the quads and hamstrings 4/5 bilaterally and extensors hallucis longus and gastrocnemius 4/5. Diagnoses include 1) lumbar strain 2) lumbar degenerative disc disease 3) myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Lenzagel Gel 4-1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Per the requesting physician, Lenza Gel contains Lidocaine 4% and Menthol 1%. Topical Lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritic. The request for Purchase of Lenzagel Gel 4-1% is determined to not be medically necessary.