

Case Number:	CM14-0167609		
Date Assigned:	10/14/2014	Date of Injury:	09/29/2011
Decision Date:	12/08/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

There is a 9/10/14 progress note that states that the injured worker returns follow-up visit in reference to her alleged injury of 09/29/11. The injured worker states that she continues to feeling the extreme aggravation of pain at times somewhere going up to 7-8, on 0-10 scale. The injured worker states that at times she gets the intolerable pain going up to 10. The injured worker states that recently she did not receive all her medications she only receive the Tramadol and injured worker states that the Tramadol helps, but very minimally only gets pain relief for couple hours and the pain will go right back up. On exam she walks with an awkward in flex position putting her hands on the hip area. Heel and toe ambulation could not be conducted because of pain. Severe tenderness throughout the lumbar paravertebral and is worse on the left L5-S1. She can barely flex to 10 degrees in forward flexion and extension. Straight leg raise test is positive from the sitting position at 25 degrees on left side and on right side at 45 degrees. Decrease sensation left below knee area. There is weakness of the left lower extremity musculature especially the flexor hallucis longus, plantars and extensors of the left foot. Also, quads, hamstrings are 4 plus on the left side. Reflexes are at the knee and ankle. The treatment plan included Norco, Cyclobenzaprine, home exercise, and Lenza Gel, which contains Lidocaine 4percent, menthol 1 percent, #120gm for local application.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza Gel 120g: 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: Lenza gel 120g is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Lenza Gel contains Lidocaine 4percent, menthol 1 percent. The guidelines state that 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. The guidelines do not specifically address menthol but this is an ingredient in Ben Gay which is a topical salicylate supported by the MTUS. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Lenza gel 120g is not medically necessary.