

<b>Case Number:</b>	CM14-0051912		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/25/2001
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 57-year-old female who reported an injury on 07/25/2001 from an unknown mechanism of injury. The injured worker had a history of pain to the bilateral hips, knees, and low back. The clinical note dated 05/27/2014 revealed the injured worker complained of low back, bilateral hips, and bilateral knee pain, stiffness, weakness, and generalized discomfort. The injured worker still had a red hot left knee. The left knee also had a lot of banging, a lot of wobbling and was not very stable. The left knee was longer than the right knee. The objective findings included reduced range of motion of the lumbosacral spine, hips, and knees in all planes with tenderness and painful bilateral paraspinal muscular spasms. The hips and knees bilaterally were acutely and chronically inflamed and swollen. There was reduced strength in the distribution of the bilateral femoral nerves and reduced sensation and strength in the distribution of the left sciatic nerve in the right S1 spinal nerve root distribution with absent right knee deep tendon reflexes. The injured worker was status post multiple surgical procedures, including knee replacements to both knees. The injured worker had diagnoses of left knee total replacement with pinching of the left sciatic nerve and giving the patient a left sciatica, bilateral knee multiple joint replacement surgeries with sequelae and complications, particularly with regard to the left knee replacement, the left knee is pinching the left sciatic nerve, bilateral hip degeneration joint disease with sprain/strain disorder, and acute trochanteric bursitis, and lumbosacral spinal disc syndrome with sprain/strain disorder and neuropathy. A current medication list was not provided. Prior treatments included physical therapy, aquatic therapy, lumbar fusion, hip injection, medication, and activity modification. The Request for Authorization Form and rationale were not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

**Decision rationale:** The request for Medrox patches is not medically necessary. The injured worker has a history of knee, hip, and low back pain. Medrox patches contain 0.0375% capsaicin, 5% menthol, and 5% methyl salicylate. The CA MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product containing at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that many agents are compounded in monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthesia, and antidepressants. There is little to no research to support the use of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The above patch contains capsaicin, which is recommended only as an option in patients who have not responded or are intolerant to other treatments. It also contains methyl salicylate which is recommended and in over the counter medication such as Ben-Gay. There is no clear rationale for using this medication as opposed to supported alternatives such as over the counter topical creams. There is no documentation for the effectiveness of said patches. Therefore, the request for Medrox patches is not medically necessary.

**Lenza gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

**Decision rationale:** The request for Lenza gel is not medically necessary. The injured worker has a history of low back, knee, and hip pain. The CA MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that compounded product that contains 1 drug that is not recommended is not recommended. There is a lack of documentation as to why the prescribed compound formulation would be preferred despite evidence Lenza gel contains 4% of lidocaine HCL and 1% menthol. Lidocaine only in the formulation of the Lidoderm patch and is recommended for localized peripheral pain after there had been evidence of a trial of first-line therapy. The documentation failed to indicate that the injured worker has failed adequate trials of first-line medications for neuropathic pain. Further, topical lidocaine in the form of creams

and gels is not supported by the guidelines. As such, the request for Lenza gel is not medically necessary.