

Case Number:	CM14-0080411		
Date Assigned:	07/18/2014	Date of Injury:	03/20/2004
Decision Date:	09/24/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 68 year old female injured on 03/20/04 when struck on the right arm while moving a fan causing her to fall. The injured worker reported second injury on 10/27/14 when she tripped and fell landing on her right side sustaining injuries to her head, right shoulder, right arm, and right leg. The injured worker reported subsequent headaches and difficulties with memory and concentration. The clinical note dated 05/05/14 indicated the injured worker presented complaining of pain to the neck, right shoulder, right arm, right wrist, right leg, and low back. The injured worker stated neck and low back pain increased with no recent injury. The injured worker reported performing home exercise program to include walking and exercising. The injured worker also reported Omeprazole decreased gastric symptoms and LidoPro ointment helpful with managing pain. The injured worker also reported medications decreased pain by approximately 40-50%. Physical examination revealed positive tenderness to palpation in the cervical and lumbar spine, decreased sensation of the lower extremities, right greater than left. Diagnoses include cervical discogenic syndrome, lumbar discogenic syndrome, chronic pain, carpal tunnel syndrome, myofascial pain, and sleep issues with a history of anemia/cardiac issues. Treatment plan included prescriptions for Tramadol 37.5/325mg three times daily, Topiramate 50mg two times daily, Omeprazole 20mg two times daily, and LidoPro ointment, order to discontinue Tramadol 50mg, and trial for Lenza patch with Lidocaine apply 2 patches topically for 8 hours as needed. The initial request for 1 prescription of Lenza patch with Lidocaine 4% and Menthol 1% qty 30 with 3 refills was initially non-certified on 05/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lenza patch with Lidocaine 4% and Menthol 1% #30 with 3 refills:
Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This compound is noted to contain menthol and lidocaine. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for 1 prescription of Lenza patch with Lidocaine 4% and Menthol 1% qty 30 with 3 refills is not medically necessary.