

<b>Case Number:</b>	CM14-0086976		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 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 patient is an injured worker with cervical sprain, lumbar sprain, and lumbar disc protrusion conditions. Date of injury was July 26, 2012. Regarding the mechanism of injury, patient reported that her back pain occurred while she was adjusting herself in her seat on 07-26-2012. Progress report dated November 27, 2013 indicated that the patient was trying to get pregnant. She is holding off on taking medications and is using alternative therapy. Pain was 7-8/10. She is also trying to lose weight. Exam reveals tightness in the trapezius and interscapular area, slightly restricted cervical range of motion in side to side tilting and rotation, negative cervical compression, negative Spurling's, pain with heel and toe ambulation, normal gait, tenderness paravertebral in the lumbar region, worse at L4-5 as well as in the PSIS, lumbar range of motion within normal limits, flexion to within 6 inches from the floor, hamstring tightness and lumbar spine pain with straight leg raise on the right at 25 degrees and hamstring tightness only on the left, intact sensation, and symmetric reflexes. Diagnoses included cervical and lumbar sprain and lumbar disc protrusions. She was dispensed Norco. She was prescribed tramadol. Soma is dispensed for muscle relaxation. Qualified medical evaluator QME report dated February 12, 2014 documented medications Hydrocodone, Soma, and Tylenol. Progress note on March 19, 2014 documented low back pain with radiation down the right leg. She went medicated with Hydrocodone and Soma. Examination demonstrated tightness at the trapezius and interscapular area, slightly restricted cervical range of motion with improvement from a previous visit, normal gait, painful heel and toe ambulation, tenderness throughout the lumbar paravertebrals, hamstring tightness as well as lumbar spine pain with straight leg raise on the right, hamstring tightness with straight leg raise on the left, intact sensation in the lower extremities and 1+ ankle and knee jerks bilaterally. The patient was diagnosed with cervical sprain, lumbar sprain and lumbar disc protrusions. Norco 10/325 mg bid, Tramadol 50 mg bid, and Tizanidine 2 mg qhs were

prescribed. Urine drug screen collected on March 19, 2014 was positive for Soma and Hydrocodone which is consistent with the medications listed on this report. Tramadol was not detected. Progress report dated March 19, 2014 documented diagnoses lumbar disc protrusions, lumbar sprain, and cervical sprain. Progress report on April 16, 2014 documented back pain. On examination range of motion was slightly restricted however there was improvement compared to the previous visit. Tenderness was present. Sensation and reflexes were normal. Diagnoses were cervical sprain, lumbar sprain and lumbar disc protrusion. The treatment plan was for a TENS unit, lumbar epidural and Lenza patch topically. Utilization review date was May 16, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lenza Patch (Lidocaine 4%, Menthol1%) #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): 111-112.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidocaine may considered, only after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Progress report on April 16, 2014 documented the diagnoses cervical sprain, lumbar sprain and lumbar disc protrusion. There was no documentation of post-herpetic neuralgia. There is no documentation of neuropathic pain. There is no documentation of previous trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). MTUS guidelines state that topical Lidocaine is not recommended for non-neuropathic pain. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines and medical records do not support the medical necessity of topical Lidocaine. Therefore, the request for Lenza Patch (Lidocaine 4%, Menthol1%) #30 is Not medically necessary.