

Case Number:	CM14-0091477		
Date Assigned:	07/25/2014	Date of Injury:	01/12/2000
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/17/2014

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:

According to the records made available for review, this is a 78-year-old male with a 1/12/00 date of injury, and status post two spine surgeries (undated). At the time (6/4/14) of the Decision for Lenza Patch: Lidocaine & Menthol, there is documentation of subjective (low back pain that radiates to the legs, rated 7-8/10) and objective (antalgic gait, stiffness, tightness, and pain in low back, range of motion reduced, and weakness and reduced sensation in legs) findings, current diagnoses (post laminectomy syndrome of lumbar region), and treatment to date (home exercise program and medications (including ongoing treatment with Motrin, Cyclobenzaprine, Zantac, and Medi-Derm/L). There is no documentation that a trial of first-line therapy has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza Patch: Lidocaine & Menthol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy

(tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. Within the medical information available for review, there is documentation of a diagnosis of post laminectomy syndrome of lumbar region. In addition, there is documentation of neuropathic pain. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lenza Patch: Lidocaine & Menthol is not medically necessary.