

<b>Case Number:</b>	CM14-0175687		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### 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 45 year old female, who sustained an industrial injury on May 26, 2009. The diagnoses have included left knee sprain, right lateral epicondylitis, right medial epicondylitis, right wrist sprain, left wrist sprain, right forearm extensors tendinitis, and bilateral severe carpal tunnel. Treatment to date has included bracing, physical therapy, and medications. Currently, the injured worker complains of right wrist pain, right elbow pain, and left knee pain. The Treating Physician's report dated September 3, 2014, noted the injured worker was scheduled for right knee surgery on September 22, 2014. Physical examination was noted to show exquisite tenderness at the lateral epicondyle, with tenderness noted at the bilateral wrist, with evidence of carpal tunnel syndrome. On September 23, 2014, Utilization Review non-certified Lenza Gel (Lidocaine 4%, Menthol 1%) 120 grams, noting that the request was not reasonable as there was no documentation that there had been failure of first line therapy. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On October 23, 2014, the injured worker submitted an application for IMR for review of Lenza Gel (Lidocaine 4%, Menthol 1%) 120 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lenza Gel (Lidocaine 4%, Menthol 1%) 120 grams:** 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 Pages 111-113.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. Medical records document the diagnosis of bilateral carpal tunnel syndrome. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported by MTUS guidelines. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for LenzaGel, which contains Lidocaine and Menthol, is not supported by MTUS guidelines. Therefore, the request for LenzaGel is not medically necessary.