

Case Number:	CM14-0205340		
Date Assigned:	12/17/2014	Date of Injury:	10/11/1989
Decision Date:	02/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 55-year-old male with a 10/11/89 date of injury. According to a progress report dated 11/20/14, the patient stated that Lenza patches were helping with his symptoms when he was exercising. He needed the patches in order to do activities of daily living. Without medication, he would be in intractable pain so he could not exercise. He complained of more spasms and pain because his Soma and Norco dose have been decreased. He rated his pain as a 7/10. Objective findings: bilateral tenderness and spasms of the L3-5 paraspinal muscles, decreased lumbar range of motion, decreased sensory to pinprick along the left and right lateral leg. Diagnostic impression: lumbar radiculopathy. Treatment to date: medication management, activity modification, multiple surgeries. A UR decision dated 12/2/14 denied the requests for Medrox cream and Lenza patch. Peer to peer reveals the claimant has severe gastrointestinal upset with NSAID medication. The claimant has tried anticonvulsants and antidepressants for pain control, but these failed to affect the pain significantly. However, there is no evidence of objective functional benefit noted that supports the subjective improvement. Additionally, cited guidelines do not support lidocaine for topical application as there is no evidence proving safety and efficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox cream 120 gm # 2, 3 refills: Upheld

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

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

Decision rationale: Regarding Medrox, a search of online resources identify Medrox ointment to be a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. However, in the present case, guidelines do not support the use of capsaicin in a 0.0375% formulation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Medrox cream 120 gm # 2, 3 refills was not medically necessary.

Lenza Patch #30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Lenza Patch)

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, in the present case, there is no documentation of the designated area for treatment as well as number of planned patches and duration for use (number of hours per day). In addition, there is no documentation that the patient is unable to take oral medications. It is noted that his medication regimen consists of several oral medications. Therefore, the request for Lenza Patch #30, 3 refills was not medically necessary.