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| Case Number: | CM14-0047492 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 01/31/2013 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 04/04/2014 |
| Priority: | Standard | Application Received: | 04/15/2014 |

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 48 year old female, who sustained an industrial injury on January 31, 2013. She reported injury to her right knee and low back. The injured worker was diagnosed as having lumbago and left leg joint pain. Treatment to date has included diagnostic studies, medications, exercise, physical therapy and diagnostic studies. On February 17, 2015, the injured worker complained of low back pain rated as an 8 on a 1-10 pain scale. She reported being back to modified work and tolerating it. At the time of exam, she was getting physical therapy treatment for her foot and low back. Her back symptoms were noted to be 25% improved. The treatment plan included medications, sanitary napkins for bowel incontinence and a follow-up visit. On April 4, 2014, utilization review denied a retrospective request for Lenza gel quantity of 120 (date of service 02-27-2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lenza Gel Qty: 120 (date of service 02/27/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Lenza gel is a topical compound containing lidocaine hydrochloride and menthol. Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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." In this case the injured worker is being treated for lumbago and left leg pain. There is no documentation of neuropathic pain. The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.