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| <b>Case Number:</b>   | CM15-0001882 |                              |            |
| <b>Date Assigned:</b> | 02/13/2015   | <b>Date of Injury:</b>       | 08/02/2011 |
| <b>Decision Date:</b> | 04/09/2015   | <b>UR Denial Date:</b>       | 12/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/05/2015 |

### 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: Nevada, California

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 32-year-old male who reported an injury on 08/02/2011. The mechanism of injury was not stated. The current diagnoses include right ankle sprain and history of mid tibial fracture. The injured worker presented on 11/05/2014 for a follow up evaluation regarding pain in the right ankle and leg. The injured worker reported 8/10 pain. Upon examination, there was 1+ deep tendon reflexes at the bilateral knees and ankles, a slight limping gait, and tenderness to palpation over the medial malleoli. Plantar flexion and dorsiflexion were somewhat painful at the extreme range with moderate guarding. The injured worker was issued a prescription for Lenza Gel. Additionally, it was recommended that the injured worker join a gym on a regular basis for strengthening and stretching exercises of the ankle plantar flexor or dorsiflexors. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LenzaGel (Lidocaine 4% Menthol 1%) 120gms:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended is not recommended as a whole. Lidocaine is not recommended in the form of a cream, lotion, or gel. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.