

<b>Case Number:</b>	CM15-0197617		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	04/10/1998
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 10, 1998. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve a request for Lenza patches. An August 11, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 11, 2015, the applicant reported ongoing complaints of neck and bilateral shoulder pain. The applicant reported 8/10 pain without medications with 3-4/10 pain with medications. The applicant's medication list included Norco, Soma, and Valium, all of which were seemingly renewed and/or continued, as were tramadol, Flexeril, Soma, Theramine, Sentra, and several topical agents. The applicant was "retired," the treating provider noted and was receiving Social Security Disability Insurance (SSDI) benefits, the treating provider suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lenza patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics. Decision based on Non-MTUS Citation PNA | Buy Lenza Gel & Patch Wholesale | Bulk Lidocaine, [www.pnarx.com/index.php/lenza-products/Lenza delivers Lidocaine HCL 4.00% and Menthol 1.00% through the skin as a gel or a patch](http://www.pnarx.com/index.php/lenza-products/Lenza%20delivers%20Lidocaine%20HCL%204.00%20and%20Menthol%201.00%20through%20the%20skin%20as%20a%20gel%20or%20a%20patch).

**Decision rationale:** No, the request for Lenza patches was medically necessary, medically appropriate, or indicated here. Lenza, per the product description, is an amalgam of lidocaine and menthol. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine, i.e., the primary ingredient in the Lenza amalgam, is recommended in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the August 11, 2015 office visit made no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the lidocaine-containing Lenza patches at issue. The applicant's pain complaints on August 11, 2015, moreover, comprised largely of mechanical neck and shoulder pain. The applicant was given diagnoses of cervical disk disease and rotator cuff impingement-bilateral-on that date. It did not appear that the applicant had bona fide neuropathic pain complaints on that date, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, are characterized by symptoms such as lancinating, electric shock like, numbing, tingling, and burning sensations, i.e., sensations which were not clearly reported here on the August 11, 2015 date of service at issue. Therefore, the request is not medically necessary.