

Case Number:	CM15-0024225		
Date Assigned:	02/13/2015	Date of Injury:	08/03/2013
Decision Date:	04/16/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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 39-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 3, 2013. In a Utilization Review Report dated January 14, 2015, the claims administrator denied a request for Lenza patches. The claims administrator referenced a progress note of January 5, 2015 and associated RFA form of January 8, 2015 in its determination. The applicant's attorney subsequently appealed. The applicant was placed off of work via handwritten progress note dated November 13, 2014. The note was very difficult to follow, sparse, thinly developed, and not entirely legible. There was no mention of medication selection or of medication efficacies. On November 6, 2014, the applicant's pain management physician noted that applicant had ongoing complaints of low back and bilateral wrist pain. Lumbar epidural steroid injection therapy was proposed. The applicant was given several topical compounds. Oral Ultracet and oral omeprazole were also prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza patch (Lidocaine 4%, Menthol 1%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: No, the request for Lenza, a lidocaine-containing patch, was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no evidence that the applicant had in fact failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the lidocaine-containing Lenza patch at issue. The bulk of the progress notes on file were sparse, handwritten, not altogether legible, and did not furnish any clear or compelling rationale for usage of the lidocaine-containing Lenza patches at issue. There was no mention of the applicant's having tried and/or failed anticonvulsant adjuvant medications or antidepressant adjuvant medications. Therefore, the request was not medically necessary.