

Case Number:	CM15-0055349		
Date Assigned:	03/30/2015	Date of Injury:	06/05/1997
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female who sustained an industrial injury on June 5, 1997. She has reported injury to the low back and has been diagnosed with L5-S1 interbody fusion, low back pain, and lumbar radiculitis. Treatment has included surgery, acupuncture, and medications. Recent progress report noted exquisite tenderness which was worse at L4-L5 with slight decrease strength in the right lower extremity. The treatment request included lenza patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza patch #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm (lidocaine patch).

Decision rationale: The patient presents severe pain in the lumbar spine, rated 10/10. The request is for LENZA PATCH #120 . There is no RFA provided and the date of injury is

06/05/97. Per 01/19/15 report, the patient has a diagnoses of L5-S1 interbody fusion, low back pain, lumbar radiculitis, and insomnia. Physical examination to the lumbar spine revealed well-healed surgical scar. There is exquisite tenderness which is worse at L4-L5 with slight decrease strength in the right lower extremity. Gait is slight antalgic. Heel-to-toe ambulation could not be conducted because of the pain. Treatment has included surgery, acupuncture, and medications. Medications include Lenza Gel, Tizanidine and Tramadol ER. The patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Per 01/19/15 report, treater states, "The patient states, "as long as I take my medication pain is totally control and I am completely functional." Per provided medical records, Lenza patch was prescribed to the patient per treater reports dated 08/04/14, 11/24/14 and 01/19/15. In this case, the patient does not present with a localized, peripheral neuropathic pain for which topical lidocaine would be indicated. Lidocaine patches are not recommended for axial back pain. The request IS NOT medically necessary.