

Case Number:	CM14-0142979		
Date Assigned:	09/10/2014	Date of Injury:	11/13/2010
Decision Date:	11/12/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58 year old male with a work injury dated 11/13/10. The diagnoses include left wrist sprain; left elbow pain; shoulder pain; cervical sprain; cervical radiculopathy; concussion; fracture of the left elbow; dislocation of the left wrist; surgery of the left shoulder; left elbow fracture involving the left humeral supracondylar bone. Left radial head and proximal left ulnar bone; status post (S/P) open reduction internal fixation olecranon fracture with locking plate, pins and screws placement on 11/14/10; status post removal of the left elbow metal plate and screw in the left elbow repair on 11/28/11; status post removal of the hardware of the left olecranon, on 12/07/11; S/P removal of the heterotrophic ossification of the left elbow on 12/07/11; left ulnar neuropathy; left elbow internal derangement; left shoulder rotator cuff injury with full thickness tear in the distal supraspinatus tendon; degenerative joint disease of the acromioclavicular (AC) joint and humeral joint of the left shoulder; status post arthroscopic surgery with debridement of the left shoulder, capsular release and ablation of the left shoulder, status post acromioplasty of the left shoulder with rotator cuff repair on the left shoulder on 06/24/14. Under consideration are requests for Lenza patch #30 (Unspecified Dosage) DOS: 07/09/2014. There is a 7/9/14 document that states that the patient states that recently he has felt that his medication has been keeping his pain under control; however, patient states that on the left hand whenever he tries to do any activities he will get a lot of cramps especially in the pinky, index and middle finger. The patient states that when that happens he cannot control his hand. The patient has the locking of the fingers whenever he gets the extreme aggravation of pain. The patient states that also from time to time he gets the pain that will radiate all the way up into the left side of the neck also causing headaches. The patient states that he also has extreme aggravation of the pain in the left shoulder area. The patient states that currently pain in the

lumbar spine is controlled with the assistance of the medication as well. On examination of the cervical spine, range of motion was somewhat restricted. Cervical compression test and Spurling's test were negative. On examination of the left shoulder, range of motion (ROM) was very much restricted in the abduction which was hardly 90 degrees and was very painful and restricted afterwards. Extension was somewhat at 75 degrees, forward flexion was 80 degrees and extension was 30 degrees. There was atrophy of the shoulder girdle muscles on the left side. There was a decrease in strength in the left shoulder. Impingement test was positive in the left shoulder. On examination of the left elbow, there was muscle atrophy on the left elbow region upon visual inspection. There was localized tenderness over the medial or lateral epicondyles of the elbow or over the olecranon. ROM was restricted in flexion and extension of the left elbow as well as supination and pronation. There was decreased handgrip and grasp to 20 pounds (lbs) on the left side and 100 lbs on the right side. The deep tendon reflex of the biceps was 2, triceps and brachioradialis bilaterally. Sensation was decreased in the left elbow region. Motor strength was decreased in the left upper extremity and was rated at 4/5. Tinel's sign was positive in the left elbow. On examination of the left hand, there were scars and deformity of the pinky finger. There was flexion contracture of the pinky finger and some to the middle finger as well as the ring finger. Electromyogram and nerve conduction study (EMG/NCS) dated 04/08/14 documented that there was electrophysiologic evidence for median neuropathy at left wrists and ulnar neuropathy at left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza patch #30 (Unspecified Dosage) DOS: 07/09/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: Lenza patch #30 (Unspecified Dosage) DOS: 07/09/2014 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Lenza contains lidocaine 4%, menthol 1%; the guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin and norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not reveal failure of a first line treatment therefore the request for Lenza patch #30 (Unspecified Dosage) DOS: 07/09/2014 is not medically necessary.