

Case Number:	CM14-0147162		
Date Assigned:	09/15/2014	Date of Injury:	09/29/2011
Decision Date:	10/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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 Pain Management and is licensed to practice in California. 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 44 year old male with an injury date of 09/29/11. Based on 08/13/14 progress report provided, the patient complains of pain in the lumbar spine and left shoulder rated 7-8/10. Examination to the left shoulder shows normal range of motion. Examination to the lumbar spine reveals tenderness at L4-L5. Straight leg raising test causes hamstring tightness. Range of motion and reflexes are normal. Diagnosis 08/13/14- lumbar sprain- right shoulder sprain Provider is requesting Lenzagel 4 (Lidocaine Hydrochloride, and menthol) 7% 120g. The utilization review determination being challenged is dated 08/27/14. The rationale is "MTUS citations given."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenzagel 4 (Lidocaine, Hydrochloride, and Menthol) 1% 120g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient presents with lumbar and right shoulder sprain. The request is for Lenzagel 4 (Lidocaine Hydrochloride, and menthol) 7% 120g. MTUS has the following

regarding topical creams (page 111, 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." There is no indication of neuropathy in review of reports. Requested Lenzagel contains Lidocaine, which is not indicated in lotion form. The request is not medically necessary.