

<b>Case Number:</b>	CM14-0148274		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/10/2004
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 & Rehabilitation, 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 47-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of February 10, 2004. Medical records from 2013 to 2014 were reviewed. The patient complained of increasing right wrist pain with tenderness and pins and needles. Pain was rated 9/10. Medications help pain mildly. MRI of the wrist back in August 2005 revealed changes in the lunate bone typical of ulnar impaction syndrome. The formal report of the MRI was not provided. No recent MRI of the right wrist was done. Examination of the right wrist showed diffuse tenderness without swelling; localized tenderness over the volar aspect; and weak grip strength. The diagnosis was carpal tunnel syndrome. Treatment to date has included tramadol, cyclobenzaprine, Norco, Lenza Patch, omperazole, physical therapy, home exercise program, TENS, paraffin bath and wrist splint. Utilization review from August 15, 2014 denied the request for Lenza Patch with Lidocaine, Apply One Patch Topically Every 8 Hours As Needed #30 with 2 Refills. There was no chart data regarding usage or efficacy of other first-line treatments provided for review. Additionally, there was no data regarding effectiveness in CTS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lenza Patch with Lidocaine, Apply One Patch Topically Every 8 Hours As Needed #30 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (CTS): Lidocaine Patch

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

**Decision rationale:** Online search showed Lenza Patch contains lidocaine 4% and menthol 1%. According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Topical lidocaine may be 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, trial of Lenza Patch was initiated on July 22, 2014. However, there was no objective evidence of pain improvement or functional benefit from its use. Moreover, there was no evidence of trial of first-line medications for neuropathic pain based on the progress reports provided. The guideline recommends lidocaine only in the form of dermal patch for neuropathic pain after trial of antidepressants or AED. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Lenza Patch with Lidocaine, Apply One Patch Topically Every 8 Hours As Needed #30 with 2 Refills is not medically necessary.