

Case Number:	CM14-0211123		
Date Assigned:	12/23/2014	Date of Injury:	07/21/1998
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 50 y/o Male who had industrial injury on 7/21/98 related to an object falling on him. He had obtained xrays, MRI scans, CT scans, EMG studies, surgery, and medications. Examination on 11/12/14 has injured worker complaining of persistent lower back pain and gastritis with medications. The physician states the medicines make his pain bearable and bring down his pain from 10/10 to a 6/10. Physical exam demonstrated tender to palpation localized to L4-L5 to Sacroiliac joint with the right side being worse. A decreased range of motion of the spine was also noted. A diagnosis of lumbar radiculopathy, tobacco dependence, and long term use of medications was made. Treatment plan was to continue the use of Norco, prilosec, prozac, tramadol, lidocaine patches, ketoprofen creme, and lorazepam. On 11/25/14 a non certification recommendation was made for a request of the Lenzapatch medicine. The rationale for the denial was due to lack of peer reviewed evidence to support the use of such medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenzapatch, 4-1% #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127. Decision based on Non-MTUS Citation <http://www.drugs.com/otc/121875/lenzapatch.html>

Decision rationale: Regarding request for Lenzapatch, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. As such, the currently requested Lenzapatch is not medically necessary.