

Case Number:	CM15-0146489		
Date Assigned:	08/07/2015	Date of Injury:	12/16/2014
Decision Date:	11/10/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31 year old male, who sustained an industrial injury on 12-16-2014. The injured worker is being treated for lumbar strain, lumbar disc protrusion, left knee sprain, left shoulder sprain and left shoulder diffuse degeneration of superior labrum. Treatment to date has included medications. Per the Primary Treating Physician's Progress Report dated 6-29-2015, the injured worker reported pain in the lumbar spine left knee and left shoulder. He states that without medication his pain in "unbearable" and with medication he rates the severity as 7-8 out of 10. Objective findings included tenderness of the left shoulder, exquisite tenderness of the lumbar paravertebrals and severe tenderness of the left knee. Per the medical records dated 1-12-2015 to 3-23-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Work status was modified. The plan of care included physical therapy, orthopedic surgeon consultation, epidural injections, and medications including Norco and a Lenza patch. The notes from the provider do not specify the reason for the necessity of topical medication. Authorization was requested for Lenza patch 4-1% #10 DS 12. On 7-03-2015, Utilization Review non-certified the request for Lenza patch 4-1% #10 DS 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza patch 4-1% patch #10 DS 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in December 2014 when, while working as a painter and cleaning windows, he slipped from a roof. When seen, he was continuing to have an extreme aggravation of lumbar spine, left knee, and left shoulder pain which was going into the left side of his neck. He was having ongoing difficulty sleeping. Physical examination findings included decreased left shoulder range of motion with positive impingement testing. There was tenderness throughout the lumbar paravertebral muscles. There was decreased and painful range of motion. There was an antalgic gait. There was decreased knee range of motion and he was wearing a knee brace. There was severe medial and inferior patellar tenderness. An orthopedic evaluation was pending. Norco was refilled and Lenza Patch #30 was prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. A Lenza Patch is a combination of lidocaine and menthol. Topical lidocaine in a patch form is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend topical lidocaine in a patch form for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. The Lenza Patch is not medically necessary.