

<b>Case Number:</b>	CM15-0072554		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 63-year-old who has filed a claim for chronic neck, back, forearm, and wrist pain reportedly associated with an industrial injury of December 20, 2013. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a request for lidocaine-containing Lenza patches. Flexeril and fenopofen were, it was incidentally noted, approved. The claims administrator referenced a progress note of February 23, 2015 and January 19, 2015 in its determination. The applicant's attorney subsequently appealed. On January 21, 2015, a medical-legal evaluator noted that the applicant had ongoing complaints of wrist pain and upper extremity paresthesias. It was suggested that the applicant was working part time as of this point in time. The applicant was using Zocor, it was stated on this date. There was no mention of the Lenza patches in question. In a RFA form dated January 19, 2015, cyclobenzaprine, fenopofen, and Lenza patches were sought. On November 10, 2014, fenopofen, Flexeril, and Lenza patches were again sought. In a progress note dated November 10, 2014, Lenza patches, fenopofen, and cyclobenzaprine were endorsed owing to ongoing complaints of neck, bilateral wrist, and low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lenza patch with lidocaine 4% and menthol 1% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** No, the request for lidocaine-containing Lenza patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there had been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there was no mention of the applicant's having tried and/or failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the lidocaine-containing Lenza patches in question. Therefore, the request was not medically necessary.