MAXIMUS Federal Services

Case Number:	CM14-0148058		
Date Assigned:	09/18/2014	Date of Injury:	07/03/2011
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 3, 2011.Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; a transcutaneous electrical nerve stimulation (TENS) unit; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties.In a Utilization Review Report dated August 28, 2014, the claims administrator denied a request for Lenza (lidocaine-containing) patches. The claims administrator stated, somewhat incongruously, in one section of his note that the applicant had ongoing lumbar radicular complaints and then stated in another section of the report that there was no evidence of neuropathic pain present which would support provision of the lidocaine-containing Lenza patches. It was not stated, however, whether the request was a first-time request or a renewal request.The applicant's attorney subsequently appealed.In an August 28, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg, 8/10. The applicant stated that earlier physical therapy, manipulative therapy and acupuncture had proven unsuccessful. It was stated that the applicant was currently working full time with a 5-pound lifting limitation in place. There was no explicit mention of the Lenza patches on this date.In an August 12, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg, 8/10. The applicant was asked to embark on a trial of Lenza patches owing to heightened pain complaints. The applicant stated that she preferred not to take oral medications, apparently owing to side effects. The applicant was asked to discontinue Menthoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza patches one patch q8hrs prn #30 with two (2) refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm (lidocaine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112. Decision based on Non-MTUS Citation 1. Topical Pain Relief | Physician's Products: www.physiciansproducts.net/topical-pain-creams/ Lenza Patch. 120gm. AWP $210.00. NDC 45861-0017-01. Active Ingredients Lidocaine HCL %4.00, Menthol 1.00%, Topical Anesthetic, External Analegesic.

Decision rationale: Based on the product description, Lenza patches are lidocaine-containing patches. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, the attending provider has posited that the applicant is having issues tolerating oral medications. The request in question represents a first-time request for Lenza (Lidoderm patches). The applicant does have ongoing lumbar radicular/neuropathic pain complaints. A trial of Lenza (lidocaine) is indicated to combat the same. Therefore, the request is medically necessary.