
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/6/2013
Date of Injury: 11/29/2004
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0002254

- 1) MAXIMUS Federal Services, Inc. has determined the request for a Lidoderm 5% patch **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/17/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a Lidoderm 5% patch **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. He 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 16, 2013:

“This 54-year-old female sustained an injury on 11/29/04. The mechanism of injury occurred when she tripped while walking down the stairs. The diagnoses were Lumbar radiculitis and rule out internal derangement to the right ankle and bilateral knees. Treatment had included acupuncture and medications.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/22/2013)
- Utilization Review from [REDACTED] (dated 7/6/2013)
- Medical records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a Lidoderm 5% patch:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 56-57, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the

guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 11/29/ 2004, resulting in injury to the employee's lower back, right ankle and bilateral knees. A medical report dated 11/12/2012 documents back pain with radiation to the legs, restricted range-of-motion of the lower back with pain and tenderness over the right knee. A medical report of 1/9/ 2013 documents back pain rated 4 out of 10. Treatment has included a back brace, shock wave therapy, acupuncture, and oral analgesic medications. The request is for a Lidoderm 5% patch.

The MTUS Chronic Pain Medical Treatment Guidelines state that Lidoderm patches may be used for chronic back or joint pain if the first line therapy with tricyclics or non-steroidal anti-inflammatory drugs is exhausted. The medical records provided for review do not show that the employee has failed a trial on acetaminophen or tricyclics. The documentation for the dates in question did not show pain relief with use of Lidoderm substantial enough to support its use. The request for Lidoderm 5% patch is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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/mbg

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.