

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

Dated: 10/10/2013

[Redacted]

[Redacted]

[Redacted]

Employee:	[Redacted]
Claim Number:	[Redacted]
Date of UR Decision:	7/8/2013
Date of Injury:	9/14/1997
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002365

- 1) MAXIMUS Federal Services, Inc. has determined the request for a urine drug screen **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lidoderm patches, 1 per day as needed, #30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a follow-up with an internist **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/8/2013. 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 urine drug screen **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lidoderm patches, 1 per day as needed, #30 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a follow-up with an internist **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 Preventative Medicine and Occupational Medicine, has a subspecialty in at least five years of experience providing direct patient care 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

"The patient is a 65-year-old female who sustained an industrial injury on September 14, 1997. The patient is status post two nasal surgeries for a fracture in 1997 and 2009, right knee arthroscopy in 2003 and July 25, 2011 and status post hiatal hernia repair surgery performed on September 16, 2010. Diagnoses include: Status post gastric bypass/hiatal hernia repair, chronic pain syndrome, GERD secondary to NSAIDs, IBS, hemorrhoids, HTN, anxiety, depression, right knee tricompartmental OA, lumbar spine HNP with facet hypertrophy, bilateral shoulder and wrist sprain, and cephalgia. Multiple prior peer reviews have been completed regarding treatment requests for this patient. Similar requests were addressed at the time of the prior review."

### **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 Determination by [REDACTED] (dated 7/8/2013)
- Medical Records from [REDACTED] (dated 8/1/2013)
- Medical Treatment Utilization Schedule(MTUS)

#### **1) Regarding the request for a urine drug screen:**

##### 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), Opioids section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 43, which is part of the MTUS.

##### Rationale for the Decision:

The employee was injured on 9/14/1997 with cumulative trauma to the head, face, low back, and tailbone. Diagnoses include status post hiatal hernia repair surgery, chronic pain syndrome, gastroesophageal reflux disease, irritable bowel syndrome, hemorrhoids, hypertension, anxiety, depression, right knee tricompartmental osteoarthritis, cephalgia, bilateral wrist and shoulder pain, and lumbar spine HNP with face hypertrophy. The employee is status post two nasal surgeries, right knee arthroscopy, and hiatal hernia repair. A progress report dated 7/1/2013 documents the employee reports continued headaches, 9/10, with associated neck pain, low back pain, and right knee pain, also rated at 9/10. The employee is using Naprosyn and lidocaine patches. The employee exhibits well-preserved knee range of motion despite edema. A request was submitted for a urine drug screen.

The MTUS Chronic Pain Medical Treatment Guidelines recommend drug testing as an option in those individuals with chronic pain, to ensure the presence or absence of any illicit substance usage. The records submitted and reviewed document the employee has not had a drug test since in July 2012, which is more than one year ago. Repeat testing is allowable at this point in time. The request for a urine drug screen **is medically necessary and appropriate.**

## 2) Regarding the request for lidoderm patches, 1 per day as needed, #30:

### 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), Lidoderm section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the MTUS Chronic Pain Medical Treatment Guidelines, (2009), pages 56-57.

### Rationale for the Decision:

The employee was injured on 9/14/1997 with cumulative trauma to the head, face, low back, and tailbone. Diagnoses include status post hiatal hernia repair surgery, chronic pain syndrome, gastroesophageal reflux disease, irritable bowel syndrome, hemorrhoids, hypertension, anxiety, depression, right knee tricompartmental osteoarthritis, cephalgia, bilateral wrist and shoulder pain, and lumbar spine HNP with face hypertrophy. The employee is status post two nasal surgeries, right knee arthroscopy, and hiatal hernia repair. A progress report dated 7/1/2013 documents the employee reports continued headaches, 9/10, with associated neck pain, low back pain, and right knee pain, also rated at 9/10. The employee is using Naprosyn and lidocaine patches. The employee exhibits well-preserved knee range of motion despite edema. A request was submitted for lidoderm patches, 1 per day as needed, #30.

The MTUS Chronic Pain Medical Treatment Guidelines state that lidocaine patches are indicated for localized peripheral pain/neuropathic pain after evidence of trial of first-line analgesic and/or adjuvant medications. The records submitted and reviewed document that the employee does exhibit some evidence of radicular (neuropathic) pain, but there is inadequate documentation of the failure of first-line oral analgesic medications, including antidepressants or anticonvulsants. It is noted on the most recent progress note that the employee is using oral Naprosyn without any difficulty. The request for lidoderm patches, 1 per day as needed, #30 **is not medically necessary and appropriate.**

## 3) Regarding the request for follow-up with internist:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition (2004), pages 92 and 127, which are not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the MTUS Chronic Pain Medical Treatment Guidelines, (2009), page 1.

### Rationale for the Decision:

The employee was injured on 9/14/1997 with cumulative trauma to the head, face, low back, and tailbone. Diagnoses include status post hiatal hernia repair surgery, chronic pain syndrome, gastroesophageal reflux disease, irritable bowel syndrome, hemorrhoids, hypertension, anxiety, depression, right knee

tricompartamental osteoarthritis, cephalgia, bilateral wrist and shoulder pain, and lumbar spine HNP with face hypertrophy. The employee is status post two nasal surgeries, right knee arthroscopy, and hiatal hernia repair. A progress report dated 7/1/2013 documents the employee reports continued headaches, 9/10, with associated neck pain, low back pain, and right knee pain, also rated at 9/10. The employee is using Naprosyn and lidocaine patches. The employee exhibits well-preserved knee range of motion despite edema. A request was submitted for a follow-up with an internist.

The MTUS Chronic Pain guidelines support specialist evaluation/consultation in patients who fail to respond to conservative treatment. However, the records submitted and reviewed do not document which condition or conditions the internist should address. Based on the most recent progress note dated 7/1/2013, the employee's principal issues are orthopedic, psychiatric, and gastrointestinal in nature. It is not specified which diagnosis the provider recommends the internist should address. The request for a follow-up with an internist **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  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.