

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	2/11/1997
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-00005483

- 1) MAXIMUS Federal Services, Inc. has determined the request for **trial of Lidocaine cream with Capsaicin** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/27/2013. 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 **trial of Lidocaine cream with Capsaicin** 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 Physical Medicine and Rehabilitation, 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.

Expert Reviewer Case Summary:

The patient is a 52-year-old who reported a work-related injury on 02/11/1997; specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, lumbar radiculopathy, spasm of muscle, long-term use of medications, and encounter for therapeutic drug monitoring. The clinical note reported the patient was examined under the care of Dr. [REDACTED]. The provider documented the patient has had a flare-up of low back pain for the past 2 days, otherwise, no new complaints. With current regimen the patient is able to perform ADLs and denies radiation of pain. The provider discussed treatment options available to the patient and the patient reported medications were working well for pain control. The provider documented with the patient's medications, the patient was functional, involved in home exercise program, and pain scale is at 4/10. The provider documented discussing home exercises with the patient. The provider documented upon physical exam of the patient spasms and tenderness at the L3-5 paraspinal muscles were evidenced. Examination of the lumbar spine revealed decreased range of motion, extension at 20 degrees, and flexion at 65 degrees. Bilateral/lateral bending was at 15 degrees and rotation was at 30 degrees. Motor examination was 5+ and equal to the bilateral upper and lower extremities. The patient reported pain with palpation at the bilateral SI joints. The patient had a positive FABER sign. The provider documented review of the MRI of the lumbar spine that was dated 08/02/2011 revealed a herniated L5-S1 disc with moderately severe left neural foraminal narrowing. Annular tears were noted at the L3-S1. The provider documented the patient was to continue with her medication regimen consisting of Norco 10/325, fentanyl patch 75, Valium 10 mg, and Ambien 10 mg.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for trial of Lidocaine cream with Capsaicin:Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 56-57, and 111, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that “Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).” The medical records provided for review do not show evidence that the employee had previously attempted use of and failed a trial of a first line therapy, such as a tricyclic or serotonin–norepinephrine reuptake inhibitors (SNRI) antidepressant or an anti-epileptic drug (AED). **The request for Lidocaine cream with Capsaicin 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th 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.