

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	10/8/2003
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008512

- 1) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm patches 5% quantity 240 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 Lidoderm patches 5% quantity 240 **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 64-year-old female who reported an injury on 10/08/2003. A procedure note was submitted on 01/17/2013 by Dr. [REDACTED] which indicated that the patient underwent a Lidocaine injection at the base of the left 3rd finger. The patient was then seen by Dr. [REDACTED] on 01/07/2013 for complaints of lower back pain with left leg pain. Physical examination revealed 1+ reflexes, decreased sensation of the plantar lateral surface of the left foot, and 5/5 strength. Plain films obtained in the office on that date indicated L5-S1 disc space narrowing. The treatment plan included a follow-up visit in 3 months and possible left L5-S1 hemilaminotomy and discectomy. The patient was then seen by Dr. [REDACTED] on 02/01/2013. Objective findings included tenderness to palpation of the lumbar paraspinal muscles and facet joints, 5/5 motor strength, and decreased sensation at L4, L5, and S1. There was also mild tenderness to palpation of the lateral epicondyles with resisted wrist extension, and positive Phalen's testing. The treatment plan included continuation of current medications, TENS unit therapy, and a lumbar MRI. The patient continued to follow up with Dr. [REDACTED] on 02/01/2013, 03/14/2013, 04/11/2013, 05/24/2013, and 07/10/2013. The patient continued to report lower back and neck pain with numbness and tingling to the left toes. Physical examination revealed no significant changes. The treatment plan included continuation of current medications, elbow support, TENS unit therapy, and a follow-up visit in 6 weeks. The patient was seen by Dr. [REDACTED] on 07/23/2013 for complaints of lower back pain. Physical examination of the lumbar spine was not provided. The treatment plan included continuation of current medications. A utilization review report was conducted on 07/18/2013 by Dr. [REDACTED]. Items requested included assessment for functional restoration program, Lidoderm patches 5%, and Celebrex 200 mg. The requests for assessment for functional restoration program and Celebrex 200 mg were certified. Lidoderm patches 5% were only partially certified at that time to include a quantity of 90. A functional restoration medical assessment was conducted on 07/31/2013 by Dr. [REDACTED]. The patient's chief complaints included neck pain, back pain, and bilateral hand pain. Current medications included Lidoderm patches, Tylenol 500 mg, Celebrex 200 mg, and Robaxin 500 mg. Physical examination

revealed tenderness to palpation of the cervical and lumbar paraspinal muscles along the facet joints, limited range of motion in all directions in her neck and back, 5/5 motor strength, positive Phalen's testing, and decreased sensation at L4, L5, and S1 level dermatomal distribution on the left. The treatment plan included an interdisciplinary team conference. A functional conditioning report was then submitted on 07/31/2013 by Dr. [REDACTED]. It was noted that the patient was able to perform all objective tests for this assessment with little or no pain reported. The treatment plan included continuation of the program at that time. The patient was again seen by Dr. [REDACTED] on 08/13/2013 for a functional restoration assessment. The patient's chief complaints remained the same. Objective findings revealed no significant changes. The treatment plan included continued participation in the program. The patient was then seen by Dr. [REDACTED] on 08/19/2013 for a psychological consultation. It was noted that the patient's chronic pain has been related to and influenced by biopsychosocial factors. The mental status examination and the response to psychological questionnaires revealed no known serious psychological factors. The latest progress note was submitted on 08/20/2013 by Dr. [REDACTED]. The patient continues to complain of 4/10 to 5/10 pain in the lower back. Objective findings revealed no significant changes. The treatment plan remained the same.

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 Lidoderm patches 5% quantity 240:

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, Lidoderm, Pgs. 56-57, which are part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Lidoderm, Pgs. 56-57, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state that Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy to include anti-depressants or anti-epilepsy medication. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. As per the clinical notes submitted, there is no diagnosis or clinical findings suggestive of post herpetic neuralgia. There is also no documentation submitted that provides evidence of a trial or failure of first line therapy to include anti-depressants or anti-convulsants. The guideline criteria have not been met. **The request for Lidoderm patches 5% quantity 240 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

/ldh

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.