

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination.

[REDACTED]

[REDACTED]
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- 1) MAXIMUS Federal Services, Inc. has determined the Lidoderm Patch requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/02/2013 disputing the Utilization Review Denial dated 3/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/23/2013. 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 Lidoderm Patch requested **is not medically necessary and appropriate.**

Medical Qualifications of the Professional 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, has a subspecialty in Medical Acupuncture 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 professional 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 March 22, 2013

“Discussion: It is noted the patient’s listed date of injury is February 21, 2013. Received March 14, 2013 is a Primary Treating Physician’s Progress Report (PR-2) on patient [REDACTED] from [REDACTED] Date of Service: March 14, 2013.

In [REDACTED] report, he notes the Complaints of low back and right lower extremity pain, most significant after rising in the morning and after prolonged walking. There is no change after completing the Medrol Dosepak. On Examination, the patient is in no acute distress, there is minimal tenderness to palpation in the low back, range of motion is full but guarded, straight leg raise is reportedly positive on the right, sensory examination notes decreased sensation to light touch and pinprick over the plantar right foot, and motor examination notes weakness on the right toe walking.

The Diagnoses include:

1. Sprain/strains; lumbar ICD-9 847.2
2. Sprains/strains; unspecified site of knee ICD-9 844.9

The Treatment Plan includes Lidoderm Patch and Skelaxin. It is noted that the patient is awaiting approval for therapy. Referral for an MRI of the lumbar spine to rule out nerve entrapment is given.

Review of the available medical records indicate that [REDACTED] is a 35 year-old Custodian for [REDACTED] who reported right lower leg

and back pain on February 27, 2013, first noticed while he was cleaning the rooms at work one week previously. The pain was described on his entire right side from right thoracic to right calf, accompanied by stiffness and reduced range of motion. The patient cannot recall any specific direct mechanism of injury and reported the pain level as 4/10. On examination, there was tenderness from T2 through L5 on the right side. Range of Motion was reduced 10 degrees in all planes. Neurologic evaluation, including light touch, coordination and equilibrium were grossly within normal limits.

██████████ was reevaluated on March 7, 2013, and physical therapy was requested. The request was received on March 8, 2013, and approved four working days later on March 14, 2013.”

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 dated 4/02/2013
- Utilization Review Determination provided by ██████████ dated 3/22/2013
- Letter of Approval for Treatment of MRI lumbar spine from ██████████ (4/3/13)
- Medical Records from ██████████ (dated 2/27/13 – 4/15/13)
- MRI of Lumbar Spine performed by ██████████ (dated 4/9/13)
- Official Disability Guidelines (ODG), Chapter Pain, Section Lidoderm (lidocaine patch)

1) Regarding the Request for Lidoderm Patch:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Chapter Pain, Section Lidoderm (lidocaine patch), of the Medical Treatment Utilization Schedule (MTUS) and referenced that a Lidocaine patch for the employee “is not supported by current evidence-based guidelines. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found that the guidelines and rationale used by the Claims Administrator were appropriate for the employee’s clinical circumstance. The Professional Reviewer referenced the American Pain Society, Clinical Practice Guidelines, Evidence Review, 2008, Page 114, as another evidence-based guideline that does not support the use of the Lidocaine patch.

Rationale for the Decision

The patient was diagnosed with lumbar sprain/strain. The submitted medical records indicate that upon examination on 3/14/2013 the patient was in no acute distress, there was minimal tenderness to palpation (touch) in the lower back, and the range of motion was full but guarded. There were mildly positive

orthopedic and neurologic findings on the right and the motor exam noted weakness on the right toe walking. The American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004 of the California Medical Treatment Utilization Schedule (MTUS) provides no recommendation regarding the Lidoderm Patch. The Official Disability Guidelines (ODG) state that the Lidoderm Patch is, "Recommended for a trial if there is evidence of localized pain that is consistent with neuropathic etiology." The ODG also states that a Lidocaine patch is, "Not recommended until after a trial of a first-line therapy." The clinical records provided for review are absent a localized pain that is consistent with neuropathic etiology. The requested Lidoderm 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
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.