

Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	5/3/2011
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010430

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm patches #30 apply 1 QD is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Nycynta 50mg 1 po qid for forty-five day supply #180 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Capsaicin cream 0.11, one tube is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 #30 apply 1 QD is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Nycynta 50mg 1 po qid for forty-five day supply #180 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Capsaicin cream 0.11, one tube 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 PMR, has a subspecialty in Pain Mgmt 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 34-year-old with a back injury which occurred on 5/3/2011. Treatment thus far has included SI injections, TENS (Transcutaneous Electrical Nerve Stimulation) unit, chiropractic care, acupuncture, physical therapy and medications. The concern is whether Lidoderm, Capsaicin and Nucynta are medically necessary.

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 #30 apply 1 QD:

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, pages 55 - 57, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 55 - 57, which is part of the MTUS.

Rationale for the Decision:

Lidoderm is indicated for PHN only. Lidoderm can be used for local peripheral pain but this employee's pain is not "localized" to one area. **The request for Lidoderm patches #30 apply 1 QD is not medically necessary and appropriate.**

2) Regarding the request for Nycynta 50mg 1 po qid for forty-five day supply #180:

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, pages 79 - 81, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 80 - 81, which are part of the MTUS.

Rationale for the Decision:

Long-term efficacy of chronic opioid use is unclear. The employee has not had sufficient benefit with other opioids including Vicodin. There is not adequate rationale for the use of another opioid. **The request for Nycynta 50mg 1 po qid for forty-five day supply #180 is not medically necessary and appropriate.**

3) Regarding the request for Capsaicin cream 0.11, one tube:

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, Topical Capsaicin and Topical Analgesics sections, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 28, which is part of the MTUS.

Rationale for the Decision:

Guidelines state that Capsaicin has moderate to poor efficacy and is an option to patients who have not responded to conventional treatments. Capsaicin is not medically necessary as there is not clear mention of the potency prescribed and the rationale for prescribing. **The request for one tube of Capsaicin cream 0.11, one tube 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.