

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: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/7/2013
Date of Injury:	11/5/2009
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011032

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm 5% patch #30 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 5% patch #30** 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 Internal Medicine and in Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 62-year-old female who was injured on 11/5/2009. A right shoulder MRI dated 8/29/2010 showed a right rotator cuff tear. A right rotator cuff surgical repair was completed in 2010 and 2012. A right biceps surgical release was completed in 2012. The requesting provider's medical reports dated April 2013 through September 2013 state that the patient complained of right shoulder pain. The provider's diagnosis was chronic right shoulder pain, status post rotator cuff repair. The patient's treatment plan was for Norco and Lidoderm patches.

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 5% patch #30:

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, which is a part of the MTUS, and the Official Disability Guidelines (ODG), 8th Edition, 2013 on Lidoderm Patches, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Neuropathic Agents-Lidoderm, pg. 56, which is a part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state topical lidocaine (Lidoderm) “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 guidelines note that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. A review of the records indicates that this employee female has reported chronic right shoulder pain. The employee has been diagnosed with chronic right shoulder pain, right shoulder osteoarthritis. The employee was treated for at least 6 months (04/13 – 09/13) with Lidoderm 5% patches without documented improvement in symptoms or function. The available medical records fail to show evidence of a condition causative of neuropathic pain for which Lidoderm 5% patches have been approved and do not address the indication for use of this neuropathic agent. **The request for Lidoderm 5% patch #30 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

/sab

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.