

Independent Medical Review Final Determination Letter

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Dated: 12/19/2013

IMR Case Number:	CM13-0011840	Date of Injury:	10/31/2005
Claims Number:	[REDACTED]	UR Denial Date:	08/02/2013
Priority:	STANDARD	Application Received:	08/15/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
1) LIDODERM 5% PATCHES 9-24-13 THROUGH 6-17-13 -360 DAYS -TTL #360 2) GABOPENTIN 300 MG 10-22-12 THROUGH 6-17-12 -294 DAYS = TTL #1320 3) HYDROCODONE/APAP 10-325 MG 9-24-12 THROUGH 7-9-13 210 DAYS - TTL #1050			

DEAR [REDACTED] ,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, and is licensed to practice in Florida. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65-year-old female who sustained a work-related injury on 10/31/2005 due to a slip and fall. The patient has been previously diagnosed with lumbago, lumbar radiculitis, sciatica, lumbosacral neuritis, lumbosacral disc degeneration, post-laminectomy syndrome, foot strain/sprain, and depression. A request for authorization letter dated 06/20/2013 indicated that on physical examination, the patient had generalized swelling to the right foot with some tenderness posterior to the lateral malleolus. There was also tenderness in the forefoot with some discoloration. The modified Oswestry noted in the request for authorization letter documented that the patient reported little pain relief with pain medications. The treatment plan included radiographs, podiatry consult, refill medications, and a return to clinic in 3 months for trigger point injections.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Lidoderm 5% patches #360 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Lidoderm, pgs. 56-57, which are part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Guidelines recommend the use of Lidoderm for localized peripheral pain after there has been evidence of a trial of first-line therapy, such as tricyclics, SNRI antidepressants, or an AED such as Gabapentin or Lyrica. Furthermore, Lidoderm is only FDA approved for postherpetic neuralgia. The clinical information submitted for review provides no indication that Lidoderm has been beneficial to the employee. Additionally, the available documentation lacks evidence of documented objective findings of functional improvements or pain relief. Thus, the medical necessity for Lidoderm 5% patches #360 has not been established. **The request for Lidoderm 5% patches #360 is not medically necessary and appropriate.**

2. Gabapentin 300mg #1320 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Specific Anti-Epilepsy Drugs, pgs. 18-19, which are part of the MTUS.

The Physician Reviewer's decision rationale:

While CA MTUS Guidelines recommend gabapentin as a first-line treatment for neuropathic pain, there is lack of documentation provided for review indicating the patient has neuropathy or that Gabapentin has been beneficial. Due to the lack of clinical information provided for review, the medical necessity of Gabapentin cannot be established. **The request for Gabapentin 300mg #1320 is not medically necessary and appropriate.**

3. Hydrocodone/APAP 10/325mg #1050 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pgs. 74-97, which are part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Guidelines recommend that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Additionally, should the patient not show any functional improvement and continue with pain, opioids should be discontinued in a weaning process. There is no clinical information submitted for review documenting the employee's functional improvement while taking opioid medication. Therefore, based on the lack of documentation that supports the criteria for continued use of opioid medication, medical necessity has not been established. **The request for Hydrocodone/APAP 10/325mg #1050 is not medically necessary and appropriate.**

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.

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