

Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

IMR Case Number:	CM13-0017759	Date of Injury:	08/14/2004
Claims Number:	[REDACTED]	UR Denial Date:	08/28/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
TOX SCREEN (CPT 82145, 83925X2, 82205, 80254, 82520, 83840, 83992, 82542, 82055, 82570, AND 84999) / MEDICALLY CERTIFIED BY PA LIDODERM PATCHES/ NOT MEDICALLY CERTIFIED BY PA ROXICODONE FOR CERVICAL AND THORACIC SPINE/ MEDICALLY CERTIFIED BY PA			

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 Family Practice 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 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 70-year-old female who reported an injury on 08/14/2004 to the cervical spine while transporting a patient as a MICU nurse. The patient underwent microvascular decompression of the trigeminal neuralgia which was complicated postoperatively by a cerebral spinal fluid leak and occipital neuralgia which was resistant to treatment. The patient has previously received cervical epidurals and upper cervical facet blocks which have provided some relief of symptoms. The patient underwent an intrathecal pump trial that resulted in temporary pain relief. The patient underwent intrathecal pump implantation in 02/2013 which resulted in 80% pain resolution. The patient developed increased right-sided cervicalgia with worsening headaches limiting her ability to participate in ADLs, sleep, and perform home exercises. The patient's medications included Roxicodone 15 mg 1 to four times a day as needed, Ativan 1 mg 1 to three times a day, Fioricet 50/325/40 mg 1 tablet 3 times daily as needed, Lyrica 25 mg 1 tablet twice a day, Lidoderm patches 1 patch 12 hours on and 1 patch 12 hours off, Ambien 10 mg 1 every night as needed, topical Cyclobenzaprine/Baclofen, and Zoloft 100 mg once every day. Physical findings included mild paracervical and trapezius tenderness to palpation and spasms, thoracic spasms along the T8-9 level, positive straight leg raise test for back pain, and right paralumbar tenderness with right sciatic notch tenderness. The patient's diagnoses included migraines, lumbar radiculopathy, lumbar facet arthropathy, thoracic sprain/strain, degenerative joint disease, cervical radiculopathy, occipital neuralgia, and facet arthropathy of the cervical spine. The patient's treatment plan included continued medication management for the patient's chronic pain.

IMR DECISION(S) AND RATIONALE(S)

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

1. Liboderm Patches is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, Opioids, which is part of the MTUS. Occupational Medicine Practice Guidelines, 3rd Ed (2011), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Topical Analgesics and Medication for Chronic Pain, pgs 60, 111, which is part of the MTUS. Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesic, which is not part of the MTUS

The Physician Reviewer's decision rationale: California Medical Treatment Utilization Schedule states, "A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within 1 week." The medical records provided for review does provide evidence that the employee reported poorly controlled pain with transdermal patches does include evaluation of the employee's pain. It is noted the employee's pain is 9/10 to 10/10 described as constant. There is no physical evidence the employee's current pain management schedule is affecting the employee's pain levels or providing significant functional benefit. Additionally, there is no indication the Lidoderm patch is assisting with pain control or increased functional benefit. Official Disability Guidelines state, "Outcomes should be reported at the end of the trial including improvements in pain and function and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued." The clinical documentation submitted for review does not provide any evidence that the employee received significant pain relief and was able to decrease other medications as result of a Lidoderm patch trial. **The request for Liboderm patches is not medically necessary and appropriate.**

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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.

[REDACTED]

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