

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 8/19/2013

[Redacted]

[Redacted]

[Redacted]

Employee:	[Redacted]
Claim Number:	[Redacted]
Date of UR Decision:	7/5/2013
Date of Injury:	1/13/2004
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001357

- 1) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm patches **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 **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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013.

“The claimant, Ms. [REDACTED], is a 63 year-old represented [REDACTED] teacher who has filed a claim for chronic low back pain reportedly associated with an industrial injury of 01/13/04. The sole progress note on file dated 06/25/13, is notable for comments that the claimant has not been seen since 2011, reports intermittent flare-up of low back pain without radicular symptom and states that Lidoderm patches are difficult to get authorized. On exam she exhibits a 25% reduction in range of motion with associated tenderness about the lumbar spine. The provider comments that the claimant is neurologically intact about the lower extremity, and receives treatment recommendations, which include the pursuit of Lidoderm patches while returning to regular duty work.”

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 7/15/2013
- Utilization Review Determination provided by [REDACTED] dated 7/05/2013
- Medical Records from [REDACTED], MD dated 6/25/2013
- Chronic Pain Medical Treatment Guidelines, 2009, Lidoderm (lidocaine patch) pages 56-57

1) Regarding the request for Lidoderm patches:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, 2009, Lidoderm (lidocaine patch) section, pages 56-57, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back in an accident on 1/13/2004. There were no medical records submitted for review. The utilization review determination letter makes reference to a progress report dated 6/25/2013 that indicates the employee had not been seen since 2011. The 6/25/2013 progress report noted an intermittent flare-up of low back pain without radicular symptoms. A request was made for Lidoderm patches.

The MTUS Chronic Pain Guidelines indicate that Lidoderm patches may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm patches are not a first line treatment and are only FDA approved for post-herpetic neuralgia. There is no documented evidence that the employee has been diagnosed with post-herpetic neuralgia, or has failed a trial of first-line therapy. The request for Lidoderm patches 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.