

**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: 8/28/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	2/5/2009
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001604

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 Patch **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, 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 9, 2013

- "1. For the purpose of this review, the (R) leg will be addressed (per previous reviews).
2. Diagnosis: [None.]
3. The patient is a 45 year-old female patient s/p injury 2/5/09.
4. Discussion:
  - a) This medication is only indicated as a second-tier medication for neuropathic pain
  - b) There is no documentation of neuropathic pain
  - c) Use for musculoskeletal pain is not supported
  - d) As such request is not supported.
5. Per Pharmacy billing statement DOS 5/16/13, Lidoderm patch 5% is requested.
6. Per AME Orthopedic report of 4/3/13 (██████████ MD]:
  - i. X-rays taken in this office: (R) tib/fib: Normal appearing joint spaces, articular surfaces. No evidence of fracture or dislocation.
  - ii. Diagnosis: Chronic residuals, tibial stress syndrome with shin splints
  - iii. At this point it appears patient is having continued chronic problems regarding tibial tendinitis or shin splints. Not yet P&S. Further options for treatment need to be reviewed. Patient may suffer from stress fractures which are noted to be small hairline type fractures and may benefit from CT scan to evaluate tibia. It does not appear patient is over pronating but can cause symptoms as well as overuse and/or chronic strain/sprain injuries. I will be happy to re-eval/ re-exam patient once care, therapy, treatment has been completed. Treatment regimens generally include rest, icing, anti-inflammatories and sometime orthotics or arch supports are used as well as therapy and stretching. At this point I would not recommend patient return to ████████ job. There would be too much standing, walking. Remains TTD regarding ████████ job.

## 7. MTUS/Relevant guidelines:

a) MTUS: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm ) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. There is no evidence that it is superior to placebo for musculoskeletal pain."

### **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 7/16/2013
- Utilization Review Determination provided by [REDACTED] dated 7/09/2013
- Medical Records from 8/10/2012 through 7/23/2013
- Chronic Pain Medical Treatment Guidelines, 2009, Lidoderm Patches, pages 56-57

### **1) Regarding the request for a Lidoderm Patch:**

#### 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 Guidelines (2009), Lidoderm Patch, pages 56-57, of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

#### Rationale for the Decision:

The employee injured the right lower extremity on 2/05/2013. The submitted medical records indicate that the employee has had an MRI, an ultrasound study of the lower limb, medication, physical therapy, and acupuncture. The most recent submitted and reviewed medical record, dated 7/19/2013, indicated that the employee continued to have worsening ongoing right lower leg pain. The request was submitted for a lidoderm patch.

The MTUS guidelines state that a Lidoderm patch is a second-tier medication for neuropathic pain and is only FDA approved for post-herpetic neuralgia. The submitted and reviewed medical records do not contain documentation of neuropathic pain or of a trial of a first-line therapy and do not support the requested treatment. The request for Lidoderm patch 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/bh

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.