

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	5/16/1994
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002541

- 1) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm Patch 5% #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Triamterene-HCTZ tabs 37.5-25mg #30 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 5% #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Triamterene-HCTZ tabs 37.5-25mg #30 **is 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 Preventive Medicine and Occupational Medicine 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 17, 2013:

"This is a 63 year-old female [REDACTED] employed by [REDACTED] who sustained an industrial injury to her back, neck, feet, and upper extremities on 5/16/94 that resulted from lifting a heavy bottle of water for the water cooler. The patient has come under the care of Dr. [REDACTED], MD/sports medicine who is treating the patient for cervicalgia, sciatica, backache, and pain in joint in pelvic region and thigh. The patient has undergone a 19 year course of treatment for chronic neck, back and extremity complaints which has included conservative non-surgical treatment comprised of physical therapy, medications, chiropractic, spinal injections, and other modalities. Despite the above noted course of treatment, the patient has remained symptomatic and functionally impaired. "

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 (received 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/17/2013)
- Employee Medical Records from [REDACTED]
- Employee Medical Records from Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Lidoderm Patch 5% #60:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (online version), Pain, Lidoderm, a medical treatment guideline not part of the MTUS and the Chronic Pain Medical Treatment Guidelines (2009) Topical Analgesics, pg. 112, part of the MTUS. The Expert Reviewer based his/her decision on MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm® (lidocaine patch), pg. 56 – 57, part of the MTUS, as applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work related injury on May 16, 1994. The medical records submitted for review indicate treatment have included: analgesic medications, unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy, unspecified number of steroid injections, topical agents, CT scan of the lumbar spine on May 16, 2013, notable for multilevel low-grade degenerative changes of uncertain clinical significance; CT scan of the cervical spine on May 13, 2013, again notable for mild multilevel degenerative changes of uncertain clinical significance, an MRI of the lumbar spine of April 18, 2013, also notable for low-grade degenerative changes and hypertrophic changes of uncertain clinical significance. The request is for Lidoderm Patch 5% #60.

MTUS Chronic Pain Medical Treatment guidelines state that topical Lidoderm is recommended for localized peripheral pain/neuropathic pain in those individuals who prove intolerant to and/or fail first-line antidepressants and/or anticonvulsants. In this case, however, the employee has seemingly been issued a prescription for Neurontin, an anticonvulsant. There is no evidence of intolerance to and/or failure of the same. Therefore, the request for Lidoderm Patch 5% #60 **is not medically necessary and appropriate.**

2) Regarding the request for Triamterene-HCTZ tabs 37.5-25mg #30:

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

The Claims Administrator based its decision on the US National Institutes of Health (NIH) National Library of Medicine (NLM) PubL.V):ed, 2013. (<http://www.ncbi.nlm.nih.gov/pubmed/>), medical treatment guideline, not part of the MTUS. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Diabetes chapter, a medical treatment guideline, not part of the MTUS, as applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work related injury on May 16, 1994. The medical records submitted for review indicate treatment have included: analgesic

medications, unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy, unspecified number of steroid injections, topical agents, CT scan of the lumbar spine on May 16, 2013, notable for multilevel low-grade degenerative changes of uncertain clinical significance; CT scan of the cervical spine on May 13, 2013, again notable for mild multilevel degenerative changes of uncertain clinical significance, an MRI of the lumbar spine of April 18, 2013, also notable for low-grade degenerative changes and hypertrophic changes of uncertain clinical significance. The request is for Triamterene-HCTZ tabs 37.5-25mg #30.

ODG Guidelines state diuretics such as triamterene and hydrochlorothiazide are indicated in the treatment of hypertension, seemingly present here. In this case, the documentation on file does seemingly establish the presence of both hypertension and coronary artery disease. Therefore, the request for Triamterene-HCTZ tabs 37.5-25mg #30 **is 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

/slm

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.