
Notice of Independent Medical Review Determination

Dated: 9/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

2/14/2009

7/24/2013

CM13-0002755

- 1) MAXIMUS Federal Services, Inc. has determined the request for a Lidoderm 5% (700mg) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 a Lidoderm 5% (700mg) **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 Anesthesiology/Pain Management, 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 16, 2013:

"It is the opinion of the reviewing physician that, The claimant is a 34-year old employee who was assisting a patient getting up from a wheelchair when the patient's legs collapsed and she caught him by reaching over the wheelchair Injuring her neck, low back, arms and legs in 2009. The claimant has undergone a lumbar laminectomy/fusion (date and level not documented), PCIF at C5-C6 with instillation of an IDDS On 05/16/2012, and L3-L4 hardware removal with exportation of the fusion and PLIF at L3-L4 on 09/06/2012. Dr. [REDACTED] (PhD) on 07/02/2013 notes that the claimant still has difficulty with her coping skills and with depression; is doing better but continues to suffer which chronic neck and back pain which have severely constrained her life. Illegible hand-written note on 06/128/3023 (unidentified provider) addresses the claimants blood pressure and DM/ AME from Dr. [REDACTED] on 04/04/2013 documents reduced ROM in the cervical and lumbar spine in all planes with + bilateral SLR and notes to continue medications and FRP. This request is for the pharmacy purchase of Lidoderm 5% patches."

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 7/24/2013)
- Utilization Review Determination from [REDACTED] (dated 7/16/2013)
- Medical Records provided by the claims administrator
- Medical Records for review provided by the employee's attorney

- Medical Treatment Utilization Schedule

1) Regarding the request for a pharmacy purchase of Lidoderm 5% (700mg):

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) pg. 112 of 127 which is part 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 sustained a work-related injury on February 14, 2009 resulting in chronic neck and back pain. Medical records provided for review indicate treatments have included medications, spinal surgery and functional restoration program. The request is for a pharmacy purchase of Lidoderm 5% (700mg).

The MTUS Chronic Pain guidelines state that Lidoderm 5% (700mg) is not recommended for non-neuropathic pain indicating further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation in the medical records provided for review that the employee has physical exam findings consistent with post-herpetic neuralgia. The request for Lidoderm 5% (700mg) **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
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/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.