
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/3/2013
Date of Injury: 6/17/2008
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0003067

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 54-year-old male who reported a work related injury on 06/24/2008 with a diagnosis of right knee sprain and right ankle strain. The patient underwent arthroscopic right knee surgery in 2008. Another right knee arthroscopic surgery was performed in 2010 after worsening of symptoms. The patient reached maximum medical improvement on 02/23/2011. The patient's pain extends to the right hip and left leg as well. The patient's primary diagnosis is right knee arthritis.

IMR DECISION(S) AND RATIONALE(S)

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

1. Lidoderm patch is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 56-57, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The patient has low back pain. The patient was noted to have had continued problems of chronic pain that dated back to 2008. The pain extended in the right hip and legs as well. The patient was noted to not take NSAIDs. He took an occasional Vicodin which helped the pain somewhat but not dramatically. Physical exam noted mild tenderness to palpation on the lateral aspect of the left knee and hip. The patient had lumbar spine injections which gave no relief to either knee. A letter of medical necessity dated 06/21/2013 indicated the patient has a history of kidney disease and has an absolute contraindication and use of oral and topical NSAID medications. California Medical Treatment Guidelines state that Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclic or SNRI

antidepressants or an anti-epileptic drug such as gabapentin or Lyrica. There was no clinical documentation submitted noting the patient had tried antidepressants or anti-epileptic drugs for this continued chronic pain. Therefore, the request for Lidoderm patch is non-certified.

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]

CM13-0003067