

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: 10/30/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 6/13/1997
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004303

- 1) MAXIMUS Federal Services, Inc. has determined the request for athletic training re-evaluation **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for work hardening/conditioning **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm patch 5% #60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 athletic training re-evaluation **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for work hardening/conditioning **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm patch 5% #60 **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 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 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:

NO Clinical Summary was provided with the Utilization Determination Review dated 7/10/2013.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee, Provider)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for athletic training re-evaluation:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition,

(2004), Low Back Complaints, General Approach and Basic Principles, pgs. 287-289, and Chronic Pain Medical Treatment Guidelines (2009), pgs. 46-48, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 6/13/1997. The employee is experiencing back pain and low back pain. The request is for athletic training re-evaluation.

ACOEM guidelines indicate low stress aerobic activities can be safely started after the first 2 weeks of symptoms to avoid debilitation and many invasive and non-invasive therapies are intended to cure the pain, but no strong evidence exists that they accomplish this. Chronic Pain Medical Treatment Guidelines further indicate exercise is recommended, but there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen, and progressive walking, simple strength training, and stretching improve functional status. Medical records submitted and reviewed lack documentation indicating the request for a specific exercise regimen over any other exercise regimen. The employee was advised to do aquatic therapy. **The request for athletic training re-evaluation is not medically necessary and appropriate.**

2) Regarding the request for work hardening/conditioning:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pgs. 125-126, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 6/13/1997. The employee is experiencing back pain and low back pain. The request is for work hardening/conditioning.

Chronic Pain Medical Treatment Guidelines indicate work conditioning and work hardening is recommended as an option depending on the availability of quality programs and criteria would include documentation of a trial of physical or occupational therapy with improvement followed by a plateau with no likely benefit from continued physical therapy or occupational therapy being demonstrated. Treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Medical records submitted and reviewed do not indicate a specific need or rationale for work conditioning/work hardening, or indicate a plateau of physical therapy. **The request for work hardening/conditioning is not medically necessary and appropriate.**

3) Regarding the request for Lidoderm patch 5% #60:

Section of the Medical Treatment Utilization Schedule 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), which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pgs. 56-57 and 111-112, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 6/13/1997. The employee is experiencing back pain and low back pain. The request is for Lidoderm patch 5% #60.

Chronic Pain Medical Treatment Guidelines indicate this type of medication may be recommended for localized peripheral pain after there has been evidence of a trial of a first-line therapy such as gabapentin or Lyrica and is only recognized as a first-line treatment by the FDA for postherpetic neuralgia. Guidelines indicate further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia, and that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Medical records submitted and reviewed do not indicate the employee having postherpetic neuralgia or a trial of a first-line therapy such as gabapentin and/or Lyrica. The medical records also fail to demonstrate the overall efficacy of this medication. The guideline criteria has not been met. **The request for Lidoderm patch 5% #60 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.