

Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/30/2013
Date of Injury: 1/29/2010
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0006556

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

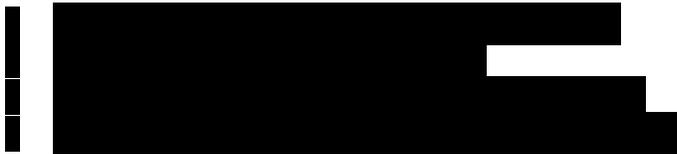
cc: Department of Industrial Relations, [REDACTED]

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:



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 66-year-old female who sustained an occupational injury on 01/29/2010 after falling down a set of stairs and landing on both knees and then elbows and hands with injuries to both shoulders, both elbows and the lumbosacral spine as well as the left knee. The patient's treatment history has consisted of x-rays and MRIs as well as oral medications, physical therapy, acupuncture treatment and a left total knee arthroplasty in 02/2013. According to the most recent documentation found in the file from 08/12/2013, the patient presented for followup with complaints of left knee pain ranging from a 2/10 to a 9/10 intermittently with walking. In addition, she reported low back pain, which is intermittent as well, and a 3/10 to 8/10 in intensity. The patient also reported right shoulder pain with complaints of 3/10 to 5/10 pain. Objective documentation on that date indicated that the patient was positive for tenderness with palpation to the parathoracic and lumbar muscles with positive muscle spasms and limited range of motion with left lateral flexion and left rotation. The only medications documented during that visit were lidocaine patches that the patient stated really helped to control her low back pain and were given to her by her PCP. In addition, the examining physician replaced the patient's meloxicam due to complaints of side effects with Lodine 400 mg. The treatment plan indicated that the patient was to continue with her activity modifications and routine followup.

IMR DECISION(S) AND RATIONALE(S)

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

1. Lidoderm DIS 5% day supply: 12 QTY: 14 refills is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS indicates that Lidoderm is the brand name for a lidocaine patch that may be recommended for localized peripheral pain after there has been evidence of a trial of a first-line therapy, being a tricyclic or SNRI antidepressant or an anti-epileptic drug such as gabapentin or Lyrica. While the documentation submitted for review does indicate that the employee has complaints of low back pain, which is described as intermittent and a 3/10 to 8/10 in intensity, there is a lack of objective documentation indicating any signs of radiculopathy or neurological deficits related to the employee's low back pain. Furthermore, guidelines indicate that the Lidoderm patch is only recommended after there has been evidence of a trial of a first-line therapy such as either tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. The documentation provided fails to indicate that a trial of a first-line therapy medication has been failed for the treatment of neuropathic pain related to the employee's lumbosacral spine injuries. While the employee does indicate that the Lidoderm patches have helped to control the pain quite well, the continued use of these patches cannot be supported due to a lack of compliance with guideline recommendations. **The request for Lidoderm DIS 5% day supply: 12 QTY: 14 refills is not medically necessary and appropriate.**

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.