
Independent Medical Review Final Determination Letter

2494

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

Dated: 12/31/2013

IMR Case Number:	CM13-0021872	Date of Injury:	05/16/2001
Claims Number:	[REDACTED]	UR Denial Date:	08/05/2013
Priority:	STANDARD	Application Received:	09/09/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] DO		
Treatment(s) in Dispute Listed on IMR Application:			
MULTIPLE MEDICATIONS			

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 Occupational Medicine, 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 applicant is a represented former [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 16, 2001.

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; long acting opioids; adjuvant medications; psychotropic medications; and the apparent imposition of permanent work restrictions.

In a utilization review report of August 5, 2013, the claims administrator denied a request for Lidoderm patches while approving methadone, tramadol, Nucynta, and Paxil. The applicant's attorney later appealed, on September 4, 2013.

In a September 17, 2013 note, it is suggested that the applicant is doing well with his current medication regimen. He is on tramadol, Nucynta, Paxil, methadone, and Lidoderm. The applicant states that topical applications of Lidoderm have been beneficial in terms of pain relief.

In an earlier note of August 20, 2013, it is stated that the applicant is upset over the earlier denial of Lidoderm, as he believes that his quality of life was improved through ongoing Lidoderm usage

IMR DECISION(S) AND RATIONALE(S)

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

Final Determination Letter for IMR Case Number CM13-0021872

1. Lidoderm 5% patch #30, 1 patch to skin qd is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Lidocaine Indication, page 112, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Lidocaine Indication, page 112, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is recommended for neuropathic pain/localized peripheral pain in individuals in whom there has been trial of first line therapies such as tricyclic or SNRI antidepressants or an anticonvulsant. In this case, however, there is no clear evidence that the applicant has tried and/or failed an SNRI antidepressant, a tricyclic antidepressant, or an anticonvulsant. The information on file, however, does seemingly suggest that the applicant is using an SSRI antidepressant, Paxil, with good effect. Thus, criteria for usage of Lidoderm have not seemingly been met. **The request for Lidoderm 5% patch #30, 1 patch to skin qd 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.

[REDACTED]

CM13-0021872