

<b>Case Number:</b>	CM13-0033912		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/15/1997
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Physical Medicine and Rehabilitation 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year-old male sustained an injury on 12/15/97 while employed by [REDACTED]. Request under consideration include Oxycodone HCl 15mg tabs 60 & Lidocaine 3% cream x 2. Report of 9/20/13 from [REDACTED] noted right elbow and wrist pain with pain level unchanged since last visit. Activity level has remained the same; medications were working well allowing the patient to cook and get groceries. Diagnoses included carpal tunnel syndrome; right elbow lateral epicondylitis, status/post debridement of TFC tear; and mood disorder with treatment plan to continue medical management. Requests were non-certified on 10/3/13 citing guidelines criteria and lack of medical necessity

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCl 15mg tabs 60 & Lidocaine 3% cream x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Topical/compounded analgesics..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Topical Medications Page(s): 79, 80, 111-113.

**Decision rationale:** This 53 year-old male sustained an injury on 12/15/97 while employed by [REDACTED]. Request under consideration include Oxycodone HCl 15mg tabs 60 & Lidocaine 3% cream x 2. Report of 9/20/13 from [REDACTED] noted right elbow and wrist pain with pain level unchanged since last visit. Activity level has remained the same; medications

were working well allowing the patient to cook and get groceries. Diagnoses included carpal tunnel syndrome; right elbow lateral epicondylitis, status/post debridement of TFC tear; and mood disorder with treatment plan to continue medical management. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The Chronic Pain Medical Treatment Guidelines provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. There is no mention or plan to return to any form of work nor is there any plan to wean the patient off opioid use for this 1997 injury. The patient continues to exhibit diffuse tenderness and pain. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for her diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. The Oxycodone HCl 15mg tabs 60 & Lidocaine 3% cream x 2 are not medically necessary and appropriate.