

<b>Case Number:</b>	CM14-0107107		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/11/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of November 11, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. The applicant's case and care have apparently been complicated by comorbid diabetes, it is incidentally noted. In a Utilization Review Report dated June 30, 2014, the claims administrator failed to approve a request for Norco and Lidoderm patches. In a letter dated August 6, 2014, the applicant reported that he was using the medications in question, Norco and Lidoderm, for severe elbow pain. The applicant complained that his claims administrator had not paid for various medications, including the medications at issue. The applicant stated that he only used a half pill of hydrocodone on an as-needed basis and, furthermore, was only using small amounts of the patch. In a May 29, 2014 progress note, the applicant reported 7/10 elbow pain, exacerbated by lifting, carrying, pushing, pulling, and twisting. The medications were reportedly ameliorating the applicant's pain, it was stated. The applicant reported that his ability to form relationships with others had been adversely impacted by pain, stress, and depression. The applicant stated that his symptoms had worsened since the last visit. The applicant's pain level scored a 7/10. The applicant stated that he was able to bathe himself, dress himself, and groom himself. The applicant's medication list included glipizide, Lidoderm patches, Zestril, Norco, Zocor, aspirin, Pepcid, Lantus, metformin, and vitamin D. Diminished grip strength was noted about the right hand. The applicant was given a diagnosis of lateral epicondylitis. Norco and Lidoderm were renewed. An elbow brace was prescribed. The applicant was described as retired at age 59. In an earlier progress note dated January 14, 2014, the applicant again reported 7/10 pain, exacerbated

by lifting, carrying, pushing, pulling, twisting, and reaching. The applicant stated that his symptoms had worsened since the last visit. The applicant stated that he was irritable, stressed, and depressed. The treating provider stated that the applicant was more functional with medications but did not elaborate as to what functions have specifically been ameliorated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 7.5/325mg #30 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is not working with permanent restrictions in place. The applicant continues to report 7/10 pain, despite ongoing Norco consumption. Neither the attending provider nor the applicant has specifically elaborated or expounded upon what activities of daily living have been ameliorated as a result of ongoing medication usage. While the applicant and the attending provider have stated that Norco has been beneficial, neither the applicant nor the attending provider has quantified the decrements in pain achieved as a result of ongoing Norco usage. To the contrary, the attending provider has reported that the applicant's ability to lift, carry, push, pull, reach, twist, sleep, interact with others, etc., has all been diminished secondary to pain, despite ongoing Norco usage. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**Lidoderm patch 5% #45 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section. Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there is no evidence that the applicant's pain is neuropathic in nature. Rather, the applicant appears to have orthopedic pain about the elbow associated with elbow epicondylitis. This is not classically a condition associated with neuropathic pain. It is further noted that there has been no documented evidence

of the failure of antidepressants and/or anticonvulsants before the Lidoderm patches in question were sought. Therefore, the request is not medically necessary.