

Case Number:	CM15-0129600		
Date Assigned:	07/16/2015	Date of Injury:	12/29/2001
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male sustained an industrial injury on 12/29/01. He subsequently reported back pain. Diagnoses include joint pain-elbow, lateral epicondylitis and RSD upper limb. The injured worker continues to experience neck and left arm pain. Upon examination, there was tenderness and reduced range of motion in the cervical spine. There was tenderness at the medial and lateral epicondyle with decreased range of motion. A request for Lidoderm 5% #30 and Oxycodone 30mg #240 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch) p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2001 and continues to be treated for neck and left arm pain. When seen, there was decreased cervical spine range and left elbow range of motion. There was left elbow medial and lateral epicondyle tenderness. There was left elbow pain with resisted wrist motion. Pain was rated at 10/10 with medications. Medications being prescribed included oxycodone at a total MED (morphine equivalent dose) of up to 360 mg per day. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm is not medically necessary.

Oxycodone 30mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2001 and continues to be treated for neck and left arm pain. When seen, there was decreased cervical spine range and left elbow range of motion. There was left elbow medial and lateral epicondyle tenderness. There was left elbow pain with resisted wrist motion. Pain was rated at 10/10 with medications. Medications being prescribed included oxycodone at a total MED (morphine equivalent dose) of up to 360 mg per day. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. The total MED is three times that recommended and despite this dose, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.