

<b>Case Number:</b>	CM15-0137628		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	12/06/2001
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 61 year old male who sustained an industrial injury on 12-6-01. The injured worker was diagnosed as having elbow pain, extremity pain, hand pain and wrist pain. Currently, the injured worker reported bilateral upper extremity pain. Previous treatments included status post right digit 3 trigger point injection (2009), oral pain medication, psychotherapy sessions, bilateral wrist splints, and acupuncture treatment. Previous diagnostic studies included a magnetic resonance imaging (2005). The injured work status was noted as permanent and stationary. The injured workers pain level was noted as 9 out of 10 with medications and 10 out of 10 without medications. Physical examination was notable for left elbow with joint swelling, restricted range of motion by pain and tenderness to palpation, right wrist with joint swelling, tenderness to palpation and restricted range of motion, right hand with swelling, painful range of motion and tenderness to palpation. The plan of care was for Lidocaine 3% cream #2 with 2 refills, Percocet 10/325 milligrams quantity of 90, unknown prescription of Lidoderm (unspecified dosage and quantity) and an unknown prescription of Colace (unspecified dosage and quantity).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 3% cream #2 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** Regarding Lidoderm, the California MTUS Chronic Pain Medical Treatment Guidelines recommend use for localized peripheral pain after evidence of a trial of first line therapy. This is not a first line treatment and is only approved (in patch form, not cream) for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker does not maintain a diagnosis of post-herpetic neuralgia. There is no clear efficacy of this topical Lidocaine cream when reviewing the medical records submitted, given ongoing severe pain ranging consistently from 7/10 to 9/10 over the past few years. This request is not medically necessary.

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The California MTUS guidelines allows for the use of opioid medication, such as Percocet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, there is noted 20-30% pain relief with Percocet, and increased ability to perform activities of daily living. However, the pain appears to still remain significant, and most recently pain seems to only be decreased by 1 point using the VAS pain score. The relief of pain due to Percocet appears suboptimal, and puts into question the true benefit of this medication moving forward long-term. As such, this request is not medically necessary and weaning is recommended.

**Unknown prescription of Lidoderm (unspecified dosage and quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** Regarding Lidoderm, the California MTUS Chronic Pain Medical Treatment Guidelines recommend use for localized peripheral pain after evidence of a trial of first line therapy. This is not a first line treatment and is only approved (in patch form, not cream) for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker does not maintain a diagnosis of post-herpetic neuralgia. There is no clear efficacy of this topical Lidocaine cream when reviewing the medical records submitted, given ongoing severe pain ranging consistently from 7/10 to 9/10 over the past few years. Furthermore, this request does not have a known quantity or dosage associated with it. This request is not medically necessary.

**Unknown prescription of Colace (unspecified dosage and quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Colace is a stool softener used on a short-term basis to relieve constipation. If prescribing opiates has been determined appropriate, the official disability guidelines recommend prophylactic treatment of constipation should be initiated. There is documented constipation due in part to opiates however, as the request for opiate medication has not been deemed appropriate, and given there is an unknown dose or quantity with this associated request, it cannot be supported and as such is not medically necessary.