

<b>Case Number:</b>	CM13-0035629		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	08/21/2011
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 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 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 patient is a 44 year old female who was injured on 07/08/2013 while she was buying lunch at a food truck. She fell over a concrete bowl. There are no submitted records documenting prior history. Diagnostics studies reviewed include electrodiagnostic study dated 04/10/2013 reveals normal bilateral median sensory and motor nerve study without electrodiagnostic evidence for median neuropathy; normal bilateral ulnar sensory and motor nerve study without electrodiagnostic evidence of ulnar neuropathy across the wrist or elbow; normal bilateral radial sensory and motor nerve study with electrodiagnostic evidence for radial neuropathy; conduction study of the bilateral upper and lower extremity is without electrodiagnostic evidence of peripheral polyneuropathy; electromyography of the bilateral upper extremity and cervical paraspinal muscles reveal chronic denervation potential in the left C5 myotome suggestive of a chronic left C5 cervical radiculopathy; electromyography of the bilateral lower extremities and lumbar paraspinal muscle is without active or chronic denervation potentials to suggest a lumbosacral radiculopathy at this time. MRI of the cervical spine without contrast dated 04/01/2013 demonstrates a 2-mm central protrusion disc at C3-C4 and C4-C5 interspaces without cord compression or significant central spinal or foraminal stenosis; a 3-mm central protruded disc at C5-C6 interspace without cord compression; this has mild foraminal stenosis; and straightening of the cervical spine related to pain and/or muscle spasm. Consultation report dated 04/11/2013 states the patient has complaints of neck pain radiating to the left shoulder down to the hand with numbness and tingling in digits 1 and 2. On exam, sensory normal to light touch sensation over bilateral upper extremity. Deep tendon reflexes are intact; positive Spurling's on left; negative Hoffman's. Diagnosis is neck pain radiating down to the left arm with associated paresthesia. An EMG/NCS is recommended to test bilateral upper extremity to rule

out any sources of cervical radiculopathy or focal compression neuropathy. PR2 dated 09/17/2013, 08/15/2013, and 07/16/2013 are illegible.

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

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

**DENDRACIN LOTION:** 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 Analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantage that includes lack of systemic side effects, absence of drug interaction and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. The medical records documented the patient was diagnosed with neck pain radiating to the left upper extremity associated with paresthesias. Dendracin contains methyl salicylate (NSAIDs), which is not recommended for neuropathic pain. Therefore, the request for Dendracin lotion is not medically necessary and appropriate.

**PRILOSEC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** According to the California MTUS guidelines, Omeprazole (PPI) is recommended in patients at an intermediate risks for gastrointestinal event. Long-term PPI use more than 1 year has been shown to increase the risk of hip fracture. The medical records documented the patient was diagnosed with neck pain radiating down to the left arm with associated paresthesias. In the absence of any documented GI bleeding, perforation or history of stomach ulcer or concurrent use of ASA corticosteroids and/or anticoagulant, the request cannot be supported. The request for Prilosec is not medically necessary and appropriate.