

<b>Case Number:</b>	CM14-0034421		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/06/1998
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 low back pain, elbow pain, neck pain, and shoulder pain reportedly associated with an industrial injury of February 6, 1998. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; and topical agents. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities and a request for topical Methoderm gel. The claims administrator did not, however, incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. MRI imaging of left shoulder, it is incidentally noted, was notable for severe calcific tendinitis without evidence of a discrete rotator cuff tear. In a February 13, 2014 progress note, the applicant reported persistent complaints of neck pain, left shoulder, and left upper extremity pain. Diminished range of motion about the cervical spine was noted with some give-way weakness noted on manual muscle testing. The applicant was described as permanent and stationary. The applicant was apparently in the process of considering shoulder surgery. On February 10, 2014, the applicant presented to another treating provider reporting persistent complaints of shoulder pain. Positive Tinel sign was noted about the left elbow with hyposensorium noted about the fourth and fifth digits of the elbow. The applicant was described as status post ulnar nerve transposition with continued evidence of ulnar nerve compressions of three and half years removed from earlier surgery. Voltaren, Prilosec, Methoderm gel, and Tramadol were endorsed. Electrodiagnostic testing was sought to evaluate the applicant's symptoms of left upper extremity neurologic dysfunction. On August 26, 2013, the applicant was described as using oral Voltaren, Prilosec, and topical Terocin lotion. Methoderm gel was also issued on November 4, 2013. None of the progress notes in question entertained any discussion of medication efficacy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral upper extremity electromyography:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi TX: www.odg.twc.com; Section Elbow (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 2, page 13.

**Decision rationale:** The MTUS Guideline in ACOEM Chapter 10, Table 2, page 13 does acknowledge that the abnormalities on EMG are later findings typical of more advanced cases in applicants in who ulnar nerve entrapment or cubital tunnel syndrome is suspected, as is the case here. In this case, however, the applicant is entirely asymptomatic insofar as the right upper extremity is concerned. All of the applicant's symptoms are confined to the left upper extremity. The applicant is status post left ulnar nerve transposition surgery. The applicant has symptoms of residual left ulnar neuritis/left elbow cubital tunnel syndrome. It is not clear why EMG testing of the asymptomatic, unaffected right upper extremity is being sought here. Therefore, the request is not medically necessary.

### **Menthoderm gel 120 grams apply as directed up to QID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute LLC; Corpus Christi, TX; www.odg-twc.com; Section Elbow (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Pain Medical Treatment Guidelines Page(s): 105, 7.

**Decision rationale:** Page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Mentoderm are indicated in the treatment of chronic pain, as is present here. This recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations and should, furthermore, tailor medications and dosages to the individual applicant-specific variables such as other medications. In this case, the attending provider has not entertained any discussion of medication efficacy on any recent progress notes. The attending provider had not stated how or if ongoing Mentoderm usage has been effective here. The attending provider has not, furthermore, stated why the applicant needs to use two separate topical medications, namely topical Terocin and topical Mentoderm, in addition to several oral

pharmaceuticals, such as tramadol and Voltaren. For all of the stated reasons, then, the request is not medically necessary.

**Bilateral nerve conduction study of the upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi TX: www.odg.twc.com; Section Elbow (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 2, page 13.

**Decision rationale:** The MTUS Guideline in ACOEM Chapter 10, Table 2, page 13 acknowledges that nerve conduction testing above and below the elbow can help to establish a diagnosis of ulnar nerve entrapment, as is suspected here. In this case, however, as with the EMG portion of the request, the applicant's symptoms are confined to the symptomatic left upper extremity. The applicant does not seemingly have any symptoms involving the unaffected, contralateral right upper extremity. Since the bilateral nerve conduction testing being sought here would entail testing of the asymptomatic, uninvolved right upper extremity, the request is not medically necessary.