MAXIMUS Federal Services

| Case Number: | CM14-0050274 | | |
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| Date Assigned: | 06/20/2014 | Date of Injury: | 02/07/2009 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 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 Texas. 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 injured worker is a 36 year old male who had a work related injury on 02/07/09. The injured worker worked as a print press operator for 16 years. The injured worker was moving printing press plates, and felt a tingling sensation in the left upper extremity that progressed from that point. He has been experiencing pain since that time, and has become worse in the last 45 days, with increasing difficulty in extending and flexing his arm. The injured worker had an EMG in 2009 and was told that his ulnar nerve was not functioning. The EMG was repeated a few months ago and was told the same thing. The injured worker had ulnar nerve surgery in the latter part of 2009, with suboptimal results, continuing pain with 4-5 months of postoperative rehab. Return to work after rehab and continued for 2 years working until May of 2013 when was placed on disability. The injured worker is considering repeat surgery for ulnar nerve repositioning due to persistent pain and numbness. The pain medication helps him be functional and reduces his pain. Physical examination on 02/20/14 (most recent note) gait is non-antalgic. The injured worker is able to heel and toe walk. Cervical range of motion is full in flexion, extension, lateral motion, lateral bending with no increasing concordant pain in any planes. Motor strength is rated 5/5 in the bilateral upper extremities although he does experience pain in the left forearm with resistance. Sensation is decreased to light touch and pin prick along the left medial forearm starting near his surgical scar and extending to the 4th and 5th digits of the left upper extremity. Right upper extremity examination is unremarkable. Reflexes are 2+ at the triceps, 2+ at the bilateral biceps, and 2+ at the brachial radialis. The injured worker has pain with extension and flexion of the left upper extremity although he is able to flex and extend fully. There is a 10cm well-healed surgical scar over the left medial elbow from his previous ulnar surgery. The scar and surrounding area feel numb with a tingling sensation to touch. The injured worker has tenderness to palpation over the left lateral epicondyle and mild swelling in

this region. Diagnosis is ulnar neuropathy. Epicondylitis. Prior utilization review on 02/26/14 non-certified. The current request is for retrospective request for the compound medication prescribed (Dendracin) duration and frequency unknown on date of service 01/07/14 for the left elbow.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for the compound medication prescribed (dendracin) duration and frequency unknown on date of services 1/7/14 for the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): page(s)111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound drug.

**Decision rationale:** The request is for retrospective request for the compound medication prescribed (Dendracin) duration and frequency unknown on date of service 01/07/14 for the left elbow. The clinical documentation submitted for review doe not support the request. There is no documentation that the injured worker had functional improvement or a significant decrease in his symptoms. Therefore medical necessity has not been established. The request therefore is not medically necessary and appropriate.