

<b>Case Number:</b>	CM14-0083280		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/06/1998
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Orthopedic Surgery 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 58 year old male who was injured on 06/05/1998. The mechanism of injury is unknown. Prior medication history as of 05/29/2014 included Voltaren 100 mg, Prilosec 20 mg, tramadol ER 150 mg, and Menthoderm gel (No VAS provided). The patient underwent elbow surgery on 10/11/2010. He has received a nerve block which did not provide him with long term relief. The patient received a nerve conduction study on 03/26/2014 which revealed recurrent ulnar nerve compression at the elbow. Progress report dated 05/29/2014 documented the patient to have complaints of continued pain in the left elbow that he felt was worsening. On exam, he has tenderness over the left medial elbow. There positive Tinel's as well with hypersensitivity over the medial flexor origin. He has moderate tenderness over the anterior left shoulder with a positive impingement sign. He is diagnosed with recurrent left ulnar neuropathy status post previous left ulnar nerve transposition; calcific tendinitis in the left shoulder; left lateral epicondylitis and recurrent right carpal tunnel syndrome by nerve conduction study. He has been recommended for revision of left ulnar nerve transposition and prescribed Prilosec 20 mg, Voltaren, and Menthoderm gel. Prior utilization review dated 05/06/2014 states the requests for Revision left submuscular unit; Voltaren 100 mg # 60 -RETRO; Prilosec 20 mg # 60 - RETRO; and Menthoderm Gel 120 gm - RETRO are denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision left submuscular unt:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines - Elbow

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604.

**Decision rationale:** The guidelines state surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. The patient is reported to have history of prior left elbow ulnar nerve transposition surgery. According to the guidelines, submuscular transposition has not been shown to be beneficial. This surgical option for this problem is high cost, invasive, and has side effects. Thus, submuscular transposition is not recommended. Although it is noted that an NCV study identified recurrent ulnar nerve compression at the elbow, there lacks documentation of clinically significant objective findings and detailed treatment history to support a medical necessity of additional surgical intervention. The patient has minimal examination findings and there is no evidence of significant loss of function. Exhaustion of non-operative measures is not evident. The medical records do not establish additional surgical intervention is clinically indicated. The medical necessity for revision left submuscular unit is not established.

**Voltaren 100 mg # 60 -RETRO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti-Inflammatory Drugs Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Voltaren: Osteoarthritis: 50 mg PO 2--3 times daily or 75 mg PO twice daily. Dosages > 150 mg/day PO are not recommended. Ankylosing spondylitis: 25 mg PO 4 times a day with an extra 25-mg dose at bedtime if necessary. Voltaren-XR: 100 mg PO once daily for chronic therapy. Voltaren-XR should only be used as chronic maintenance therapy. According to the guidelines, dosages over 150 mg/day PO is not recommended. In this case, daily dosage is 200mg/day, which is not recommended. In addition, the medical record does not document the patient's pain level. There is no documented improvement or benefit with medication use. Notable improvement in pain level and function with this medication is not apparent. The medical necessity of Voltaren 100mg #60 - retro, is not established.

**Prilosec 20 mg # 60 - RETRO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69.

**Decision rationale:** The guidelines state PPIs such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of these criteria apply to this patient. The medical records do not establish any of these potential significant risk factors apply to this patient. The ODG states PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. The medical records do not document supportive correlating subjective/objective findings documented in a medical report that would establish Prilosec is medically indicated. The medical necessity of Prilosec 20mg #60 - retro, has not been established.

**Menthoderm Gel 120 gm - RETRO:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical analgesics Page(s): 105, 111-113.

**Decision rationale:** According to the CA MTUS guidelines, topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. The patient was dispensed a compounded topical product that is not an OTC brand, such a Ben-gay, which is recommended. Only FDA-approved products are currently recommended. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records do not establish the failure of accepted standard first trial measures. In addition, the medical records do not document this patient is unable to tolerate standard oral analgesics. The medical records do not support that the retrospective request of Menthoderm gel is appropriate and medically necessary.