

<b>Case Number:</b>	CM14-0194651		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This 52 year old male sustained injury on 4/26/12 secondary to an electrical shock to his hands with possible sequel to his heart, chest, left shoulder, left upper extremity and skin. The electrical current had melted his gloves. He did not receive medical intervention initially but the following day experienced a dull, retrosternal chest discomfort. An electrocardiogram revealed a myocardial infarction but it was not determined if this was recent or old and he was also found to have hypertension. He returned to work four days later and was terminated 11/27/12. Treatment (2/25/14) included bilateral tennis elbow splints, urine toxicology (which was negative for all substances tested), requests for physical therapy and MRI of bilateral elbows. His medication included Naproxen, omeprazole, Mentherm and Flexeril. His diagnoses include bilateral epicondylitis, myofascial pain syndrome possible bilateral ulnar neuropathy versus carpal tunnel syndrome and atypical chest pain. As of 5/7/14 the injured worker continues to complain of chest discomfort, left hand pain with radiation to the elbow and left shoulder pain and medical records indicate a strain to his pectoralis major muscle at the time of electrocution. He has decreased range of motion to the left shoulder with pain intensity 4/10. His treatments included prior radiographs, laboratory evaluations, physical therapy, pain management and electrocardiograms. He is temporarily partially disabled. Documentation dated 10/15/14 indicated that the injured worker is not fit for duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI bilateral elbows:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268, Chronic Pain Treatment Guidelines Page(s): 68, 67-73.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, MRIs

**Decision rationale:** Regarding the request for MRI of bilateral elbows, California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. Within the documentation available for review, the subjective complaints and physical examination suggests bilateral lateral epicondylitis. However, other than physical therapy there is no documentation indicating what other conservative therapies the patient has tried and failed. Additionally, imaging is not generally necessary to diagnose epicondylitis. As such, the currently requested MRI of bilateral elbows is not medically necessary.

**Omeprazole 20mg 1 tab po qd-bid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** Regarding the request for omeprazole 20mg 1 tab PO QD-BID, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole 20mg 1 tab PO QD-BID is not medically necessary.

**Naprosyn 550mg 1 tab po bid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Regarding the request for Naprosyn 550mg 1 tab PO BID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the

shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naprosyn 550mg 1 tab PO BID is not medically necessary.

**Menthoderm gel prn:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation <http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-mentoderm>

**Decision rationale:** Regarding the request for Mentoderm gel prn, this topical compound is a combination of methyl salicylate and menthol (according to the Mentoderm website). Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Mentoderm. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Mentoderm is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Mentoderm gel prn is not medically necessary.

**Flexeril 7.5mg 1 tab po tid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Regarding the request for Flexeril 7.5mg 1 tab PO TID, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Flexeril specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Flexeril. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril 7.5mg 1 tab PO TID is not medically necessary.