

<b>Case Number:</b>	CM14-0203366		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 44 year old female reportedly sustained a work related injury on November 10, 2008 due to repetitive activity resulting in injury to right upper extremity. Diagnoses include bilateral shoulder impingement, right shoulder arthroscopic decompression, right elbow epicondylitis and carpal tunnel syndrome right greater than left. Magnetic resonance imaging (MRI) of right shoulder in 2009 showed possible partial tear, electromyogram and nerve conduction study in 2010 were normal, magnetic resonance imaging (MRI) of cervical spine in 2012 was unremarkable and magnetic resonance imaging (MRI) of right elbow in 2012 documented a partial thickness tear. Treatment has included physical therapy, cortisone injections and use of Transcutaneous Electrical Nerve Stimulation (TENS) unit. Agreed medical exam dated September 11, 2014 provides the injured worker complains of pain in the right arm, elbow and wrist. She has been working as a housekeeper since January 2014. Physical exam documents full painless range of motion (ROM) of bilateral upper extremities. Jobe's and Phalen's test is negative, positive tenderness on palpation of the right wrist and negative Tinel's response of right ulna and wrist. On November 20, 2014 utilization review determined a request received November 13, 2014 for retrospective request for Menthoderm ointment 120 g, retrospective request for Omeprazole 20 mg, twice a day # 60 and retrospective Voltaren 100 mg, twice a day, # 60 is non-certified. Medical Treatment Utilization Schedule (MTUS) guidelines were cited in the determination. Application for independent medical review (IMR) is dated December 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Mentoderm Ointment 120 g: 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.

**Decision rationale:** Mentoderm contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Mentoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Mentoderm is not medically necessary.

**Retrospective request for Omeprazole 20 mg, twice a day # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68.

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, the Retrospective request for Omeprazole 20 mg, twice a day # 60 is not medically necessary.

**Voltaren 100 mg, twice a day, # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines nonselective NSAIDS Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Diclofenac Sodium ER is used for osteoarthritis pain. There is no documentation of osteoarthritis pain in this case. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the request for Voltaren 100 mg, twice a day, # 60 is not medically necessary.