

Case Number:	CM15-0163179		
Date Assigned:	08/31/2015	Date of Injury:	02/06/1998
Decision Date:	10/05/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male who sustained an industrial injury on 2-6-98. Progress report dated 6-4-15 reports continued complaints of left medial elbow pain. Diagnoses include: recurrent left ulnar neuropathy status post previous ulnar nerve transposition, calcitic tendinitis left shoulder, status post bilateral carpal tunnel release, left lateral epicondylitis and recurrent right carpal tunnel syndrome, by nerve conduction study. Plan of care includes: continue anti-inflammatory, will require revision ulnar nerve decompression with submuscular transposition, medications dispensed; valtaren, prilosec, menthoderm gel and Tramadol ER. Work status: temporarily totally disabled. Follow up for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg, twice a day #60 (Date Dispensed 05/29/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and Voltaren.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac.

Decision rationale: Based on the 06/04/15 progress report provided by treating physician, the patient presents with left medial elbow pain. The patient is status post ulnar nerve transposition and bilateral carpal tunnel release on unspecified dates. The request is for VOLTAREN 100MG, TWICE A DAY #60 (DATE DISPENSED 05/29/2014). Patient's diagnosis per Request for Authorization form dated 07/06/15 includes carpal tunnel syndrome. Patient's diagnosis on 06/04/15 includes recurrent left ulnar neuropathy, calcitic tendinitis left shoulder, left lateral epicondylitis. Treatment to date has included surgery, nerve conduction study and medications. Patient's medications include Voltaren, Prilosec, and Tramadol and menthoder gel. The patient is temporarily totally disabled. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that do not seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Voltaren has been included in patient's medications, per progress reports dated 03/26/15 and 06/07/15. It is not known when this medication was initiated. Treater has not provided reason for the request. MTUS supports NSAID has given the patient's diagnosis, postoperative status and continued pain. However, treater has not documented medication efficacy. MTUS requires recording of pain and function when medications are used for chronic pain (p60). Furthermore, there is no evidence in provided medical records that other NSAID's have been trialed and failed, and patient's risk profile has not been addressed, either. This request lacks documentation and is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Prilosec 20mg, twice a day #60 (Date Dispensed 05/29/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Based on the 06/04/15 progress report provided by treating physician, the patient presents with left medial elbow pain. The patient is status post ulnar nerve transposition and bilateral carpal tunnel release on unspecified dates. The request is for PRILOSEC 20MG, TWICE A DAY #60 (DATE DISPENSED 05/29/2014). Patient's diagnosis per Request for Authorization form dated 07/06/15 includes carpal tunnel syndrome. Patient's diagnosis on 06/04/15 includes recurrent left ulnar neuropathy, calcitic tendinitis left shoulder, left lateral

epicondylitis. Treatment to date has included surgery, nerve conduction study and medications. Patient's medications include Voltaren, Prilosec, and Tramadol and menthoder gel. The patient is temporarily totally disabled. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Prilosec has been included in patient's medications, per progress reports dated 03/26/15 and 06/07/15. It is not known when this medication was initiated. The patient is also prescribed Voltaren, an NSAID. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. However, treater has not documented patient's GI risk assessment and there is no mention of GI related issues. Given lack of documentation, this request cannot be warranted. Therefore, the request IS NOT medically necessary.

Menthoder gel 120g, apply up to four times a day (Date Dispensed 05/29/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111-113.

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

Decision rationale: Based on the 06/04/15 progress report provided by treating physician, the patient presents with left medial elbow pain. The patient is status post ulnar nerve transposition and bilateral carpal tunnel release on unspecified dates. The request is for MENTHODERM GEL 120G, APPLY UP TO FOUR TIMES A DAY (DATE DISPENSED 05/29/2014). Patient's diagnosis per Request for Authorization form dated 07/06/15 includes carpal tunnel syndrome. Patient's diagnosis on 06/04/15 includes recurrent left ulnar neuropathy, calcitic tendinitis left shoulder, left lateral epicondylitis. Treatment to date has included surgery, nerve conduction study and medications. Patient's medications include Voltaren, Prilosec, and Tramadol and menthoder gel. The patient is temporarily totally disabled. Menthoder gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Menthoder gel has been included in patient's medications, per progress reports dated 03/26/15 and 06/07/15. It is not known when this medication was initiated. Treater has not provided reason for the request. The patient presents with elbow pain, for which menthoder would be indicated. However, MTUS requires recording of pain and function when medications are used for chronic pain (p60). Given the lack of discussion of how this topical product is used and with what efficacy in terms of decrease in pain and increase in function, otherwise unachieved without this product, this request cannot be warranted. Therefore, the request IS NOT medically necessary.