

<b>Case Number:</b>	CM14-0114850		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain, neck pain, wrist pain, and paresthesias reportedly associated with an industrial injury of October 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid agents. In a Utilization Review Report dated June 27, 2014, the claims administrator denied a request for Menthoderm, approved a request for Voltaren, partially certified a request for Protonix, and approved a request for Norco. The applicant's attorney subsequently appealed. In a May 9, 2014 progress note, the applicant reported persistent complaints of neck and elbow pain with resultant ulnar nerve syndrome/cubital tunnel syndrome. Work restrictions were endorsed. It was stated that the applicant would likely need ulnar nerve decompression procedure at some point time. The applicant stated that she had developed derivative complaints of insomnia, anxiety, and depression. The applicant was trying to enrol in biofeedback to rectify these issues. The applicant had previously used tramadol and gabapentin but had discontinued the same after having developed issues with reflux and nausea. The applicant was on total temporary disability, it was stated. The applicant was using Norco and Motrin, it was stated. The applicant was trying to quit cigarette smoking, it was suggested. On January 3, 2014, it was stated that the applicant had 8/10 elbow pain complaints. Electrodiagnostic testing was suggested of an ulnar compressive neuropathy. The applicant was working as a hairstylist at a hair salon in her second occupation but was reportedly working as a hostess in her primary job. The applicant underwent a cubital tunnel release surgery on June 18, 2014. On May 29, 2014, the applicant again reported persistent complaints of neck and elbow pain. Menthoderm, a salicylate topical, oral Voltaren, and Protonix were endorsed. It was stated that the applicant had a history of gastritis with other NSAIDs. Norco was also endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 120 grams:** Overturned

**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 topic. Page(s): 105.

**Decision rationale:** As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as Mentoderm are indicated in the treatment of chronic pain, as was present here on and around the date in question. The request in question represented a first-time request for Mentoderm. Introduction of the same was indicated. Therefore, the request was medically necessary.

**Protonix 20 mg, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, as was present here on or around the date in question. The applicant had apparently developed issues with dyspepsia, either NSAID-induced or smoking-induced, it was suggested. Introduction and/or ongoing usage of Protonix was indicated to combat the same. Therefore, the request was medically necessary.