

<b>Case Number:</b>	CM14-0119146		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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:

The records presented for review indicate that this 69-year-old female was reportedly injured on April 30, 2008. The mechanism of injury is noted as having a heavy box fall on the right hand. The most recent progress note, dated July 7, 2014, indicates that there are ongoing complaints of neck pain, right shoulder pain, right elbow pain, and right wrist/hand pain. Pena stated to radiate from the neck to the head. The physical examination on this date revealed tenderness of the cervical spine paraspinal muscles and decreased cervical spine range of motion. There was tenderness at the rotator cuff region bilaterally as well as the right side biceps tendon. There was also tenderness along the trapezius and shoulder muscle girdle. The examination of the right elbow noted tenderness at the medial greater than the lateral epicondyle and there was also a positive Tinel's test at both the elbow and the wrist. Diagnostic nerve conduction studies of the upper extremities dated June 14, 2013, were normal. Previous treatment includes a right wrist TFCC repair. A request had been made for repeat EMG and NCS studies of the right upper extremity, Terocin patches, and Protonix and was not certified in the pre-authorization process on July 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat electromyography (EMG) of the right upper extremity to the right upper extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (electronically cited).

**Decision rationale:** A review of the medical records indicates that the injured employees right upper extremity symptoms of pain, numbness, and tingling have been unchanging since the date of prior electrodiagnostic testing performed on June 14, 2013. Considering this, repeat EMG studies of the right upper extremity are not medically necessary.

**Repeat nerve conduction study (NCS) of the right upper extremity to the right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (electronically cited).

**Decision rationale:** A review of the medical records indicates that the injured employees right upper extremity symptoms of pain, numbness, and tingling have been unchanging since the date of prior electrodiagnostic testing performed on June 14, 2013. Considering this, repeat NCS studies of the right upper extremity are not medically necessary.

**Terocin patches #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Terocin is a topical compound consisting of methyl salicylate, capsaicin, menthol, and lidocaine. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Terocin patches is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAID's with documented GI distress symptom. The record provided does not note the G.I. disorder, nor is there documentation of long-term use of an NSAID considered to be a 'high dose NSAID' as defined by the American college of gastroenterology. Therefore, this request for Protonix is not medically necessary.