

<b>Case Number:</b>	CM14-0210071		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	02/06/1998
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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 & Rehabn

### 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 patient is a 57 year old male with an injury date on 02/05/1998. Based on the 10/02/2014 progress report provided by the treating physician, the diagnoses are: 1. Recurrent left ulnar neuropathy status post previous left ulnar nerve transposition. 2. Calcific tendinitis in the left shoulder. 3. Status post bilateral carpal tunnel releases. 4. Left lateral epicondylitis. 5. Recurrent right carpal tunnel syndrome by nerve conduction study According to this report, the patient complains of right elbow pain. Examination findings show "He is tender over the left medial elbow with a positive Tinel's sign. He is tender over the left shoulder with a positive impingement sign." The patient's work status is "Retired." The treatment plan is "For the time being he will continue with his anti-inflammatories. I think he does require more definitive treatment of the left elbow and will eventually likely require removal of calcific densities from the left shoulder." The patient is recommended to follow-up in one month. The patient's past treatment consists of medications (Voltaren, Prilosec, Menthoderm Gel, Tramadol ER, Prednisone, and Percocet.), injection, and x-ray. There were no other significant findings noted on this report. The utilization review denied the requests for (1) Menthoderm gel 120 mg, (2) Prednisone 5 mg, (3) Prilosec 20 mg #60, and (4) Percocet on 11/26/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 10/02/2014 to 10/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm gel 120g:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

**Decision rationale:** According to the 10/02/2014 report, this patient presents with elbow pain. Per this report, the current request is for Mentherm gel 120 mg. Mentherm gel contains Methyl salicylate and Menthol. The treating physician mentions in the diagnoses that the patient has "Calcific tendinitis in the left shoulder" and "Left lateral epicondylitis." The MTUS Guidelines state that topical NSAIDS are indicated for peripheral joint arthritis and tendinitis. In this case, the treating physician has documented that the patient has peripheral joint arthritis and tendinitis affecting the wrist and elbow. Therefore, the request is medically necessary.

**Prednisone 5mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, online for: Oral corticosteroids.

**Decision rationale:** Regarding Oral corticosteroids, the ODG states "Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)." In this case, the patient does not present with an "acute radicular pain" to warrants the use of this medication; therefore, the request is not medically necessary.

**Prilosec 20mg #60:** Upheld

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

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

**Decision rationale:** According to the 10/02/2014 report, this patient presents with elbow pain. Per this report, the current request is for Prilosec 20 mg #60. This medication was first

mentioned on this report. Patient's current medications are Voltaren, Prilosec, Mentherm Gel, Tramadol ER, Prednisone, and Percocet. The MTUS Guidelines state with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient is currently on Voltaren (a NSAID) and there is no mention of the patient having gastrointestinal side effects with medication use. The patient is not over 65 years old and no other risk factors are present. There is no discussion regarding symptoms of gastritis, reflux or other condition that would require a PPI. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the physician does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.

**Percocet:** 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 Criteria for Use of Opioids; medication for chronic pain Page(s): 60-61; 76-78; 88-89.

**Decision rationale:** According to the 10/02/2014 report, this patient presents with elbow pain. Per this report, the current request is for Percocet. This medication was first mentioned on this report. The treating physician mentions that the patient "really is having a hard time sleeping" and will "try to increase his walking." For chronic opiate use, the MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In reviewing the provided reports, the treating physician mentions the patient's ADL's; however, there is no documentation of any pain assessment and no numerical scale is used describing the patient's function. There is no VAS, no aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. In this case, the treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.