

<b>Case Number:</b>	CM15-0038085		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2015

### 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 40-year-old male, with a reported date of injury of 08/29/2013. The diagnoses include right medial and lateral epicondylitis, right carpal tunnel syndrome, and right cubital tunnel syndrome. Treatments have included an electromyogram and nerve conduction study on 08/08/2014, nerve block to the right lateral elbow, injection of the right tendons of the lateral extensor origin, oral medications, physical therapy, and topical pain medication. The progress report dated 01/20/2015 indicates that the injured worker reported continued numbness and tingling in the right arm with pain radiating from the right elbow to the right hand. The objective findings included tenderness over the right medial and lateral elbow, pain with resisted wrist flexion and extension, a positive Tinel's sign and positive Phalen's test on the right, and significant tenderness over the right medial flexor origin and a positive Tinel's sign over the right ulnar nerve at the elbow. The treating physician requested Omeprazole (Prilosec) 20mg #60, two times a day; Methoderm Gel 120 grams, apply as directed four times a day; and Diclofenac Sodium Extended-Release (ER) (Voltaren) 100mg #60, two times a day. The rationale for the request was not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective; Omeprazole (Prilosec) 20mg capsule twice a day #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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with continued numbness and tingling in the right arm with pain radiating from the right elbow to the right hand. The request is for RETROSPECTIVE OMEPRAZOLE (PRILOSEC) 20MG CAPSULE TWICE A DAY #60. The RFA is not provided. Patient is temporarily totally disabled. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Omeprazole, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater has not stated the reason for the request. The prescription was first prescribed on 07/29/14. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. In this case, although it is acknowledged that the patient has retrospectively been using the prescription for Voltaren since at least 07/29/14, there is no record or history of gastric problems, GI risks or complains of GI symptoms. The list of other concomitant oral medications was not provided. The patient does not present with an indication for Omeprazole. Therefore, the request IS NOT medically necessary.

**Retrospective; Menthoderm Gel 120g apply as directed 4 times a day:** 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 Topical analgesic Salicylate topicals Page(s): 111-113, 105.

**Decision rationale:** The patient presents with continued numbness and tingling in the right arm with pain radiating from the right elbow to the right hand. The request is for RETROSPECTIVE; MENTHODERM 120G APPLY AS DIRECTED 4 TIMES A DAY. The RFA is not provided. Patient's diagnosis included right medial and lateral epicondylitis, right carpal tunnel syndrome, and right cubital tunnel syndrome. Patient is temporarily totally disabled. Menthoderm gel contains methyl salicylate 15% and methyl 10%. Topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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." MTUS chronic pain medical treatment guidelines page 105, for Salicylate topicals states: Recommended. Topical salicylate (e.g., Ben-Gay, methyl

salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. In this case, the patient has numbness and tingling in the right arm with pain radiating from the right elbow to the right hand. The prescription for Methoderm gel was first noted in the progress report dated 07/29/14. The treater does not discuss what this gel is to be used for. It would appear that the treater is prescribing this medication for the patient's chronic arm and wrist pain. The patient does not present with peripheral joint arthritis or tendinitis for which topical NSAIDs are indicated. Therefore, the requested Methoderm Gel IS NOT medically necessary.

**Retrospective; Diclofenac Sodium ER (Voltaren) 100mg tablet twice a day:** 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 Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Diclofenac.

**Decision rationale:** The patient presents with continued numbness and tingling in the right arm with pain radiating from the right elbow to the right hand. The request is for RETROSPECTIVE; DICLOFENAC SODIUM ER (VOLTAREN) 100MG TABLET TWICE A DAY. The RFA is not provided. Patient's diagnosis included right medial and lateral epicondylitis, right carpal tunnel syndrome, and right cubital tunnel syndrome. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "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%." It goes onto state that there is substantial increase in stroke. The prescription for Voltaren was first noted in the progress report dated 07/29/14 and the patient has been taking it since at least then. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. None of the reports indicate whether or not the patient has utilized other NSAIDs. The request IS NOT medically necessary.