

Case Number:	CM13-0067752		
Date Assigned:	01/03/2014	Date of Injury:	07/16/2012
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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] intermediate cleric who has filed a claim for chronic shoulder and elbow pain reportedly associated with cumulative trauma at work between the dates of May 6, 2009 through July 6, 2012. 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 extensive periods of time off of work. In a Utilization Review Report of December 10, 2013, the claims administrator approved a request for meloxicam, denied a request for extracorporeal shockwave therapy for the left elbow, and denied a request for Fexmid (cyclobenzaprine). The applicant's attorney subsequently appealed. An earlier handwritten note of June 6, 2013 is difficult to follow, not entirely legible, notable for comments that the applicant carries diagnosis of elbow lateral epicondylitis. The applicant was described as using Mobic and Flexeril and was unable to perform any work duties. The applicant was placed off of work, on total temporary disability. Mobic and Flexeril were apparently refilled. In a handwritten progress report of October 7, 2013, the attending provider apparently returned the applicant back to work with a rather proscriptive five-pound lifting limitation. The applicant continued to report bilateral elbow, shoulder, and wrist pain. Extracorporeal shockwave therapy for lateral epicondylitis was sought while Mobic and Flexeril were renewed. An ergonomic evaluation was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy, low energy extracorporeal treatment to left elbow - three (3) sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: As noted in the 2007 ACOEM Practice Guidelines, Elbow Complaints Chapter, page 29, extracorporeal shockwave therapy is "strongly recommended against." In this case, the attending provider has not offered any applicant-specific rationale so as to try and offset the unfavorable ACOEM recommendation. Accordingly, the original utilization review decision is upheld. The request remains not certified, on Independent Medical Review.

Fexmid (Cyclobenzaprine 7.5mg) one PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using at least one other analgesic medication, meloxicam. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified, on Independent Medical Review.