

<b>Case Number:</b>	CM14-0172172		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 65-year-old female who reported an injury on 06/01/2009. The mechanism of injury of injury was not provided. On 09/08/2014 the injured worker presented with pain in the bilateral elbows and bilateral wrists. Upon examination there was a well healed surgical scar to the right lateral elbow. There is swelling to the lateral epicondyle bilaterally. There was point tenderness upon palpation and pain noted bilaterally with resisted dorsiflexion of the bilateral wrists. Current medications included Norflex, Soma and Celestone. Diagnoses were lateral epicondylitis of the bilateral elbows and osteoarthritis of the bilateral wrists. The provider recommended Celestone injections and Norflex, the provider's rationale is not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg #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 Guidelines, Muscle Relaxants for pain Page(s): 63.

**Decision rationale:** The request for Norflex 100 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is a lack of documentation on the efficacy of the prior use of the medication. There is no documentation on treatment history or length of time the injured worker has been prescribed Norflex. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established, therefore; the request for Norflex 100mg #60 is not medically necessary.

**Celestone injections 3mg/ml x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) page(s) 265-266

**Decision rationale:** The request for Celestone injections 3 mg/mL x 4 is not medically necessary. California MTUS/AECOM Guidelines state most invasive techniques such as needle acupuncture and injection procedures have insufficient high quality evidence to support their use. The exception is corticosteroid injections about the tendon sheaths or possibly the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. A clinician may always try conservative methods before considering an injection. However, provider has not submitted a rationale for Celestone injections for the bilateral wrists. Additionally, the injured worker does not have a diagnosis congruent with the guideline recommendation for a steroid injection. The request for Celestone Injections 3mg/ml x 4 is not medically necessary.