

Case Number:	CM14-0026382		
Date Assigned:	06/13/2014	Date of Injury:	10/12/2009
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 Interventional Spine 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 patient is a 46-year-old female with a date of injury of 10/02/2009. The listed diagnoses per [REDACTED] are: 1. Epicondylitis, lateral; 2. Myofascial pain syndrome; 3. Repetitive strain injury. According to report 02/12/2014 by [REDACTED], the patient continues to have pain in the shoulders and elbows. She is currently not working. She indicates acupuncture and additional physical therapy are still not authorized. She takes medications with pain relief and decreased spasm. Objective findings included positive bilateral shoulder impingement, positive bilateral trapezius spasm, diminished sensation to the hand, and decreased strength of the bilateral shoulders. Treatment plan included MRI of bilateral elbows to rule out tear, refill of Flexeril, repeat urine drug screen, and acupuncture 2 times a week for 4 weeks. Utilization review denied the requests on 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5 MG ONE 1 BID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: This patient presents with pain in the shoulders and elbows. On 02/12/2014, treater noted patient takes medication with pain relief and decreased spasm. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use." The medical file provided for review is missing pages and includes several reports that are illegible. It is unclear as to how long this patient has been taking Flexeril. In this case, a short course of cyclobenzaprine may be indicated for patient's muscle spasm, but the treater is requesting Flexeril #90. Given the recommendation is for long-term use, the request is not medically necessary.

MRI BILATERAL ELBOWS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-4.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for imaging, Magnetic resonance imaging (MRI).

Decision rationale: This patient presents with pain in the shoulders and elbows. The treater is requesting an MRI of the bilateral elbow to rule out a tear. On 11/13/2013, treater discussed physical examination for the shoulder, but there is no examination of the elbow. On 02/12/2014, the treater requested an MRI to rule out a tear, but there is no discussion of concern of a tear. The medical file provided for review does not indicate the patient has had an MRI of the elbow in the recent past. The ACOEM and MTUS do not discuss MRI of the elbow. The ODG Guidelines has the following regarding MRI of the elbow, "Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions including collateral ligament injury; epicondylitis; injury to the biceps and triceps tendons; abnormality of the ulnar, radial, or median nerve; and for masses about the elbow joint." In this case, there are no significant objective findings of the elbows but given the patient has not improved with conservative care and continues to be symptomatic an MRI for further investigation may be warranted. ODG allows for an MRI for various different diagnoses of the elbow. The request is medically necessary.

ACUPUNCTURE TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with pain in the shoulders and elbows. The treater is requesting additional acupuncture 2 times a week for 4 weeks. On 08/30/2013, [REDACTED] reported the patient "has only had 16 sessions of acupuncture for her bilateral upper extremity complaints for 2013. Thus, she is entitled to more treatments." He argued that acupuncture has

helped the patient tremendously in the past allowing her to decrease narcotics and defer surgery for her bilateral upper extremity complaints. He reported acupuncture has helped the patient become more independent with ADLs such as walking, sitting, and dressing. Utilization review denied the request on 02/20/2014 indicating there was no evidence of objective functional improvement from the prior 16 sessions. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of pain. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. Acupuncture treatments can be extended if functional improvement is documented. In this case, the treater has noted that "prior acupuncture has reduced her pain over 50%." It was noted that the patient was more independent with ADLs such as walking, sitting, and dressing. Given the patient has shown improvement in pain and specific ADLs, the requested additional acupuncture treatment is medically necessary.

URINE DRUG SCREEN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with bilateral shoulder and elbow pain. The treater is requesting a repeat urine drug screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low risk patients. In this case, medical records document the patient had multiple drug screens in 2013, which were consistent with the medication prescribed. The treater requested a UDS on 02/26/2014. There is no indication that a UDS was done in 2014. ODG allow for once yearly screening in low risk patients. The request is medically necessary.