

Case Number:	CM14-0040214		
Date Assigned:	06/27/2014	Date of Injury:	10/14/2003
Decision Date:	08/05/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation 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 injured worker is a 58-year-old female who reported an injury on 10/14/2003. The mechanism of injury was not provided in the medical records. Her diagnoses include lateral epicondylitis of the bilateral elbows and carpal tunnel syndrome at the bilateral wrists. Her previous treatments included injections and medications. Within the most recent clinical note dated 02/27/2014, the injured worker indicated that she had decreased pain with improved motion and function of the bilateral elbows and bilateral shoulders. On physical examination, the physician reported mildly positive Tinel's signs bilaterally, minimal tenderness of the lateral epicondyles, slightly decreased grip strength, and positive impingement signs of both shoulders. The physician's treatment plan included a prescription for ibuprofen 800 mg 1 orally twice daily #200 with 1 refill and Flexeril 10 mg 1 orally 3 times daily #100 with 1 refill for inflammation, pain and spasms. The current request is for ibuprofen 800 mg #200 with 1 refill to decrease pain and Flexeril 10mg #100 with 1 refill to decrease spasms. The request for authorization form was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #200 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The current request for decision for ibuprofen 800 mg #20 with 1 refill is not medically necessary. The California MTUS Guidelines state that NSAIDs are recommended as an option for short term symptomatic relief for chronic pain. The guidelines also indicate there is no evidence of long term effectiveness of NSAIDs regarding pain or function. The clinical documentation provided did not include the document improvement of function or decreased pain with the use of NSAIDs. As such, the request for ibuprofen 800 mg #20 with 1 refill is not medically necessary.

Flexeril 10mg #100 with 1 refill: 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 Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The decision for Flexeril 10 mg #100 with 1 refill is not medically necessary. The California MTUS Guidelines indicate that muscle relaxants are a central nervous system depressant. The guidelines indicate that muscle relaxants are used to reduce muscle spasms in conditions such as low back pain. The guidelines also indicate that cyclobenzaprine is recommended for a short course of therapy and is not recommended for longer than 2 to 3 weeks. The clinical documentation provided indicated that the injured worker was experiencing decreased spasms in the elbows and shoulder; however, the documentation failed to provide the rationale to indicate how it was helping her functionally. The current request also fails to indicate the frequency for the medication. As such, the request for Flexeril 10 mg #100 with 1 refill is not medically necessary.