

Case Number:	CM15-0193511		
Date Assigned:	10/07/2015	Date of Injury:	06/23/2010
Decision Date:	11/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on 6-23-10. The documentation on 8-24-15 noted that the injured worker has complaints of frequent pain in the cervical spine that she rated 7 out of 10 on the pain scale. The injured worker reports bilateral shoulder pain rated as 6 to 8 out of 10 on the pain scale. There was tenderness in the medial and lateral epicondyles and positive cozen's test. The diagnoses have included medial epicondylitis. Treatment to date has included bilateral carpal tunnel release; home exercise program; fexmid; anaprox; dendracin and ultram. The original utilization review (9-14-15) non-certify the request for fexmid 7.5mg #60; magnetic resonance imaging (MRI) of the bilateral elbow and diagnostic ultrasound of the bilateral elbows. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Fexmid for over 8 months without improvement in pain or function. Continued use of Fexmid is not medically necessary.

MRI of the bilateral elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Version Elbow Chapter (updated 06/23/2015).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Pronator Syndrome, Lateral Epicondylalgia, Medial Epicondylalgia, Summary.

Decision rationale: According to the guidelines, an MRI is recommended for suspected collateral ligament tears. In this case, the injury and pain were chronic. Clinical findings are consistent with epicondylitis. There is no clinical mention of a tear. The request for the MRI of the elbow is not medically necessary.

Diagnostic ultrasound of the bilateral elbows: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Version Elbow Chapter (updated 06/23/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter and pg 25.

Decision rationale: According to the guidelines, Indications for imaging - Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic (an alternative to MRI if expertise available). Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic (an- Chronic elbow pain, suspect biceps tendon). In this case, the exam findings are consistent with epicondylitis. As noted above, the MRI is not recommended. There is no mention of concern for a mass. The request for diagnostic ultrasounds is not medically necessary.