

Case Number:	CM15-0213383		
Date Assigned:	11/03/2015	Date of Injury:	03/31/2015
Decision Date:	12/15/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/29/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old male, who sustained an industrial injury on 3-31-2015. A review of the medical records indicates that the injured worker is undergoing treatment for pain in the left forearm and in the right forearm, bilateral lateral and medial epicondylitis, and possible median-ulnar neuropathy. On 10-08-2015, the injured worker reported chronic progressive pain in the bilateral shoulders, bilateral arms, bilateral wrists, and bilateral hands with some numbness-tingling of the hands at night, and low back pain that radiated into the bilateral lower extremities, with pain rated 10 on a scale of 0 to 10, and 7 at its best. The Primary Treating Physician's report dated 10-8-2015, noted the injured worker was working full time. The injured worker's current medications were noted to include Flexeril, Aspirin, Lisinopril, and Norco. The physical examination was noted to show tenderness to palpation over the medial and lateral epicondyle of the bilateral shoulders with positive bilateral Tinel's sign. The Physician noted x-rays of the elbows performed on 4-7-2015, which revealed multifocal degenerative disease. Prior treatments have included three steroid joint injections to the bilateral elbows and no trigger point injections with no significant pain relief noted. The treatment plan was noted to include electromyography (EMG)-nerve conduction velocity (NCV) studies of the bilateral upper extremities to rule out cervical spine radiculopathy versus peripheral nerve entrapment given the objective findings of extremity sensory impairment and subjective symptoms of numbness and tingling, prescribed medication of Flexeril 5mg daily and 5mg as needed for spasms, and a urine toxicology screen. The injured worker's work status was noted to be modified duty. The request for authorization was noted to have requested 1

urine drug screen (retrospective dos: 10/08/2015), EMG/NCS of bilateral upper extremities, Flexeril 5mg #30, and Flexeril 5mg #30. The Utilization Review (UR) dated 10-22-2015, certified the request for 1 urine drug screen (retrospective dos: 10/08/2015), and non-certified the requests for EMG/NCS of bilateral upper extremities, Flexeril 5mg #30, and Flexeril 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is evidence of nerve compromise and neurologic dysfunction that has lasted more than four weeks. The request for EMG/NCS of bilateral upper extremities is medically necessary.

Flexeril 5mg #30: 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), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker has been prescribed Cyclobenzaprine since at least March 2015, which is not supported by the guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 5mg #30 is not medically necessary.

Flexeril 5mg #30: 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), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker has been prescribed Cyclobenzaprine since at least March 2015, which is not supported by the guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 5mg #30 is not medically necessary.