MAXIMUS Federal Services

Case Number:	CM15-0218412		
Date Assigned:	11/10/2015	Date of Injury:	01/26/2013
Decision Date:	12/24/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/06/2015

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: Emergency 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:

This is a 34 year old female with a date of injury of January 26, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome, bilateral shoulder pain, right elbow pain, and right elbow lateral epicondylitis. Medical records dated September 4, 2015 indicate that the injured worker complained of bilateral upper extremity pain rated at a level of 3 out of 10 and 4 out of 10 without medications. Records also indicate that the injured worker reported no change in her activity level. A progress note dated October 2, 2015 documented complaints of bilateral upper extremity pain rated at a level of 4 out of 10 and 9 out of 10 without medications, and a decreased activity level. Per the treating physician (October 2, 2015), the employee was working full time without restrictions. The physical exam dated September 4, 2015 reveals tenderness of the biceps groove bilaterally, tenderness to palpation over the lateral epicondyle and medial epicondyle bilaterally, and positive Phalen's and Tinel's bilaterally at the wrists. The progress note dated October 2, 105 documented a physical examination that showed no changes since the examination perfor4med on September 4, 2015. Treatment has included medications (Flexeril since September of 2015; Ibuprofen, and Voltaren gel), and carpal tunnel release. The urine drug screen dated July 21, 2015 showed results that were negative for all tested substances. The utilization review (October 30, 2015) non-certified a request for Duexis 800-26.9mg #90 and Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6mg Qty: 90: 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), Pain (Chronic) - Duexis (Ibuprofen & Famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Duexis is a combination medication containing ibuprofen, an NSAID and famotidine, an H2 blocker. As per MTUS guidelines, patients at high risk for GI bleed or dyspepsia shoulder receive GI prophylaxis. Patient is not high risk for GI bleed and there is no documentation of any dyspepsia. There is no rationale for using a combination 2nd line medication like Duexis instead of 1st line NSAIDs or GI prophylaxis. Patient is also noted to be chronically on ibuprofen, which as per guidelines is not recommended. Duexis is not indicated since chronic use of ibuprofen is not indicated and there is no indication met to recommend use of a 2nd GI protectant. The request is not medically necessary.

Flexeril 10mg Qty: 30: Upheld

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

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

Decision rationale: As per MTUS guidelines, cyclobenzaprine is a muscle relaxant. It may be considered in patients with muscle spasms. Guidelines recommend short term use only. Patient has been on this medication chronically with no documentation of any objective benefit. Chronic use of cyclobenzaprine with no documented benefit is not medically necessary.