

Case Number:	CM15-0115687		
Date Assigned:	06/24/2015	Date of Injury:	05/21/2014
Decision Date:	07/29/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 05/21/2014 secondary to squeezing a scanning gun while working as a cashier resulting in right elbow pain. On provider visit dated 05/11/2015 the injured worker has reported constant pain and stiffness in her right elbow and arm, with weakness to right upper extremity, neck pain and left thumb pain. On examination of the right elbow, revealed tenderness to palpation over the lateral epicondylar ridge and arcade of Frohse region, pain and weakness to the right elbow with resisted extension of the wrist and a limited range of motion was noted. The diagnoses have included right elbow sprain and strain and possible lateral epicondylitis-right elbow. Treatment to date has included consultations, medication and physical therapy. The injured worker was noted to be working light duty. The provider requested Ibuprofen, Flexeril, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Ibuprofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The records indicate the patient has right elbow and arm pain and weakness. The patient also has complaints of neck pain and left thumb pain. The current request is for Ibuprofen 800mg #60 with three refills. The treating physician states that the medications are for symptomatic relief. The MTUS page 22 supports this medication as a first line treatment for spinal musculoskeletal complaints. The MTUS guidelines state that NSAIDs are recommended for the treatment of osteoarthritis and tendinitis. There is no information reported that the patient is suffering from any side effects from this medication. The request is medically necessary.

Flexeril 7.5mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 74, 64.

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

Decision rationale: The records indicate the patient has right elbow and arm pain and weakness. The patient also has complaints of neck pain and left thumb pain. The current request is for Flexeril 7.5mg #60 with 3 refills. The treating physician states that the requests are for symptomatic relief. CA MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2-3 weeks. The records indicate this medication has been used on a chronic basis. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. The request for Flexeril 7.5mg #60 with 3 refills is not considered medically necessary per guidelines.

Prilosec 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The records indicate the patient has right elbow and arm pain and weakness. The patient also has complaints of neck pain and left thumb pain. The current request is for

Prilosec 20mg #30 with 3 refills. The treating physician states that the Prilosec is prescribed for stomach protection. According to MTUS NSAIDs, GI symptoms and cardiovascular risk pages 68, 69 state, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In this case, the physician does not document any GI side effects or discuss a GI assessment. The above criteria has not been met. The current request is not supported by the MTUS guidelines and is not medically necessary.