

Case Number:	CM15-0125653		
Date Assigned:	07/10/2015	Date of Injury:	09/15/2010
Decision Date:	09/28/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on 09/15/2010. She has reported subsequent neck, low back, bilateral shoulder, left elbow and left knee pain and was diagnosed with chronic cervical and lumbar strain rule out worsening disc herniation, bilateral shoulder strain rule out internal derangement and left knee strain rule out meniscal tear. Treatment to date has included medication, chiropractic care, application of heat, physical therapy, epidural steroid injections and a home exercise program. The documentation shows that Flexeril was prescribed to the injured worker as far back as 12/19/2014. A progress note dated 04/22/2015 noted that the injured worker had findings consistent with a left cubital tunnel syndrome and according to her that was a nerve test that verified the condition. These results were not included for review. In a progress note dated 05/27/2015, the injured worker complained of neck, low back, bilateral shoulder, left elbow and left knee pain. Bilateral elbow pain with radiation to the fourth and fifth digits of each hand and numbness over the medial forearm was reported. The injured worker reported that pain improved from an 8/10 to a 4/10 after taking Flexeril. Objective findings were notable for decreased range of motion of the cervical and lumbar spine, palpable local hypertonicity and tenderness of the cervical spine, positive cervical compression and decreased sensation over the medial forearms bilaterally, positive straight leg raise bilaterally at 60 degrees with radiation of pain to the anterior thigh, decreased sensation over the anterior lateral thigh and lateral lower leg, positive Tinel's sign at the cubital tunnel bilaterally, right greater than left, with slight decrease in sensation over the medial portion of the bilateral forearms. The physician noted that the injured worker had findings

consistent with cubital tunnel syndrome and that electrodiagnostic studies of the upper extremities were recommended to verify the condition and isolate neuropathic issues. Work status was documented as modified with restrictions and if modified duties unavailable, temporary total disability. There was no documentation of a return to work. A request for authorization of an electromyography (EMG)/nerve conduction study (NCS) of the bilateral upper extremities and Flexeril 10 mg #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Electromyography/Nerve Conduction Velocity of the bilateral upper extremities:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Chapter: Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Elbow, Tests for cubital tunnel syndrome.

Decision rationale: MTUS recommends Nerve conduction studies (NCS) to confirm ulnar nerve entrapment if conservative treatment fails, however evidence strength is listed as insufficient. As per ODG, there is insufficient data to allow evidence based conclusions regarding the effectiveness of any testing for cubital tunnel syndrome and diagnosis may be made by the physical examination and symptom presentation. ODG further states that "An electromyography (EMG) is not essential when the diagnosis of cubital tunnel syndrome is obvious on clinical examination, as a false test result can be misleading." The documentation shows clinical findings consistent with cubital tunnel syndrome and the injured worker further reports that prior nerve testing verified the diagnosis, although the report is not included for review. Given that the physical examination findings are noted to be consistent with cubital tunnel syndrome, the medical necessity for EMG/NCS is not established. The request for One Electromyography/ Nerve Conduction Velocity of the bilateral upper extremities is not medically necessary per guidelines.

Flexeril 10mg #60: Upheld

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

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

Decision rationale: According to CA MTUS guidelines, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Documentation provided for review fails to show evidence of muscle spasms documented on physical exam or significant functional improvement with long-term use of this medication. The request for Flexeril 10mg #60 is not medically necessary by MTUS.

