

<b>Case Number:</b>	CM15-0129535		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/21/2015
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for hand, wrist, and forearm pain reportedly associated with an industrial injury of April 21, 2015. In a utilization review report dated June 18, 2015, the claims administrator failed to approve requests for a tennis elbow brace, Flexeril, Motrin, Nexium, wrist MRI imaging, and EMG testing of the left upper extremity. The claims administrator referenced progress notes of April 29, 2015, and May 6, 2015, and an RFA form of June 9, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 9, 2015 RFA form, electrodiagnostic testing of the left upper extremity, an elbow brace, MRI imaging of the elbow, MRI imaging of the wrist, Prilosec, Naprosyn, Flexeril, and a follow-up visit were sought. In an associated handwritten progress note on the same date, January 9, 2015, difficult to follow, not entirely legible, the applicant was seemingly given a primary operating diagnosis of elbow epicondylitis reportedly imputed to overuse syndrome and/or cumulative trauma at work. EMG testing was seemingly sought on this date. The note was very difficult to follow and not entirely legible. On May 6, 2015, the applicant's primary treating provider placed the applicant off of work, on total temporary disability. Moderate complaints of forearm, wrist, and shoulder pain were reported. The applicant reported superimposed issues with psychological stress. In a separate handwritten note dated June 18, 2015, the applicant presented with complaints of shoulder and forearm pain, 8/10. Medications, manipulative therapy, and topical compounds were endorsed. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Elbow brace for left elbow:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41.

**Decision rationale:** Yes, the request for an elbow brace for the elbow was medically necessary, medically appropriate and indicated here. The operating diagnosis seemingly present here was that of elbow epicondylitis. As noted in the MTUS Guideline in ACOEM Chapter 10, Table 4, page 41, epicondylalgia supports or elbow braces are recommended for epicondylitis, as was seemingly present here. Therefore, the request was medically necessary.

### **Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 49.

**Decision rationale:** Conversely, the request for Flexeril, a muscle relaxant, was not medically necessary, medically appropriate or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, muscle relaxants such as Flexeril are deemed "not recommended" as part of initial approaches to treatment. Page 47 of the ACOEM Practice Guidelines also notes that using muscle relaxants in combination with NSAIDs has no demonstrated benefit. While page 47 of the ACOEM Practice Guidelines qualifies its unfavorable positions on usage of muscle relaxants as part of initial approaches to treatment by noting that muscle relaxants have been shown to be useful as antispasmodics, here, however, there is no mention of the claimant's having issues with muscle spasm present on either the handwritten June 9, 2015 progress note or the associated RFA form of the same date. Therefore, the request was not medically necessary.

### **Ibuprofen 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24.

**Decision rationale:** Similarly, the request for ibuprofen, an NSAID medication, was not medically necessary, medically appropriate or indicated here. While the MTUS Guideline in ACOEM Chapter 10, Table 3, page 24 does acknowledge that ibuprofen, the article at issue, is recommended in the treatment of elbow epicondylitis, as was present here, on or around the date in question, here, however, the attending provider's June 9, 2015 RFA form seemingly suggested that the applicant was given concomitant prescriptions for two separate anti-inflammatory medications, ibuprofen and Naprosyn. The attending provider failed to furnish a clear or compelling rationale for concomitant usage of two separate anti-inflammatory medications on or around the date in question, June 9, 2015. Therefore, the request was not medically necessary.

**Nexium 20mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Elbow Disorders, 3rd ed. pg. 426, 2.

**Decision rationale:** Conversely, the request for Nexium, a proton pump inhibitor, was medically necessary, medically appropriate and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, NSAIDs such as aspirin or Motrin can cause gastrointestinal irritation. Here, the attending provider furnished the applicant with two separate NSAID medications, Motrin and Naprosyn, on June 9, 2015. Usage of a proton pump inhibitor, Nexium, thus, was indicated for cytoprotective effect, particularly in light of the fact that the Third Edition ACOEM Guidelines' Elbow Chapter notes that concomitant usage of cytoprotective medications is recommended in applicants at substantially increased risk for gastrointestinal bleeding. Here, the treating provider's decision to furnish the applicant with concomitant prescriptions for Motrin and Naprosyn did increase the applicant's risk of developing an adverse gastrointestinal effect as a result of the same. Therefore, the request for Nexium was medically necessary.

**MRI, left wrist:** 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), Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** Conversely, the request for an MRI imaging of the wrist was not medically necessary, medically appropriate or indicated here. The stated diagnosis involving the wrist, per the June 9, 2015 RFA form and associated progress note of the same date, was that of

nonspecific wrist pain secondary to cumulative trauma/wrist tendonitis. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269, scores MRI imaging a 0/4 in its ability to identify and define suspected tendonitis, as was seemingly present here. The attending provider's handwritten note of June 9, 2015 progress note did not set forth a clear or compelling rationale for pursuit of MRI imaging of the wrist for a diagnosis which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269. Therefore, the request was not medically necessary.

**EMG LUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic studies; Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** Finally, the request for EMG testing of the left upper extremity was likewise not medically necessary, medically appropriate or indicated here. As with the preceding request, the operating diagnoses present as of the date in question, June 9, 2015, were seemingly elbow epicondylitis, generalized upper extremity pain secondary to cumulative trauma at work, wrist tendonitis, elbow epicondylitis, etc. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269, scores electrodiagnostic testing a 0/4 in its ability to identify and define suspected tendonitis or tenosynovitis, as was seemingly present here on or around the date of the request. The attending provider's handwritten progress note of June 9, 2015 was difficult to follow, thinly and sparsely developed, not entirely legible, and did not set forth a clear or compelling rationale for the testing in question. Therefore, the request for EMG testing of the left upper extremity was not medically necessary.