

<b>Case Number:</b>	CM13-0033374		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the legible parts of the provider note, the claimant complained of low back pain, right hip pain and right knee pain following a work related injury on 03/23/2010. The physical exam was significant for tenderness to palpation of the lumbar paraspinals and knee, positive for McMurray sign and straight leg raise. EMG/nerve conduction velocity was significant for possible very early neuropathy. The claimant was diagnosed with right knee pain and lumbar radiculitis. There was a claim for Flurbiprofen # 20 and Cyclobenzaprine # 20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for Flurbiprofen, #20 between 8/12/2013 and 8/12/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

**Decision rationale:** Flurbiprofen # 20 is not medically necessary. Flurbiprofen is a nonsteroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associated with cardiovascular disease and

gastrointestinal distress. The medical records do not document the length of time he has been on Flurbiprofen. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is therefore not medically necessary.

**1 prescription for Cyclobenzaprine, #20 between 8/12/2013 and 8/12/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 64.

**Decision rationale:** Cyclobenzaprine is not medically necessary for the client's chronic condition. Per CA MTUS page 64, cyclobenzaprine is recommended as an option, using short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning 2001). Additionally, cyclobenzaprine to other agents is not recommended. In regards to this claim, there is no documentation how long the claimant was on cyclobenzaprine. If there was long term use and given that it was prescribed in combination with other medications, the claim is not medically necessary.