

Case Number:	CM14-0167400		
Date Assigned:	10/14/2014	Date of Injury:	05/03/2014
Decision Date:	11/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/10/2014

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. The expert reviewer is Board Certified in Family Practice 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 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/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:

This 48 year old female claimant sustained a work injury on 5/3/14 involving the low back. She was diagnosed with lumbosacral strain. A progress note on 7/10/14 indicated the claimant had 7/10 burning pain in the back. She used Relafen for pain. Exam findings were notable for reduced range of motion of the lumbar spine and tenderness in the neural foramina area. An MRI of the lumbar spine was ordered and the claimant was continued on Orphenadrine, Biofreeze and Nabumetone for pain. On 8/21/14, the claimant had continued pain and similar exam findings. Relafen, Gabapentin and Ultracet were provided for symptom relief. An electro diagnostic study on 9/5/14 was consistent with L5 lumbar radiculopathy. A request was subsequently made for Cyclobenzaprine 7.5 mg BID for a month and Fenoprofen 400 mg BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with other analgesics. A month use is not recommended. The request is not medically necessary.

Fenoprofen 400mg #60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, NSAIDs such as Fenoprofen are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the claimant had been opioids, NSAIDs and muscle relaxants. There is no indication or justification for adding Fenoprofen in the clinical notes. The request is not medically necessary.