

<b>Case Number:</b>	CM14-0184283		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/18/2009
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Medicine and is licensed to practice in New Jersey. 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:

The worker is a 57 year old male who was injured on 4/18/2009. He was diagnosed with lumbosacral sprain/strain, lumbar radiculitis, and lumbar degenerative disc disease. He was treated with various medications including NSAIDs, topical analgesics, and muscle relaxants. He was also treated with ice, TENS unit, and physical therapy. On 10/2/14, the worker was seen at his primary treating physician's office by a physician's assistant complaining of persistent low back pain which was unchanged and rated at 4/10 on the pains scale. He reported the pain radiating to his right leg with tingling to right lateral thigh occasionally. He reported using Cyclobenzaprine and Omeprazole. He had previously been taking Naproxen, but this medication was not listed. Physical examination findings included tenderness to the lumbar area. Then he was recommended Fenoprofen "for mild pain" and continuation of Cyclobenzaprine and Omeprazole as well as TENS unit use and home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen 400 mg #60:** 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 NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was a history of taking NSAIDs for his chronic low back pain. Recently prior to this request, the worker reported taking naproxen 550 mg daily, but this medication was not listed as current at the time of the recommendation for Fenoprofen, which was not explained in the documentation. There was no report of intolerance to it or lack of efficacy. Also, there was no evidence to suggest that the worker was experiencing an acute flare-up of low back pain, which might have warranted a short course of NSAID treatment. On the contrary, it seems that the intention for the Fenoprofen was to replace the Naproxen for chronic use, which is not a recommended way to take this medication. Therefore, the Fenoprofen is not medically necessary or appropriate to continue as it has significant long-term risks.

**Cyclobenzaprine 7.5 mg #60:** 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 Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was evidence of Cyclobenzaprine being used chronically leading up to this request for continuation. There was no evidence to suggest the worker was experiencing an acute flare-up of muscle spasm which might have warranted a short-course of this medication. Chronic use, however, is not recommended. Also, there was no evidence to show functional benefit with its chronic use, and therefore the Cyclobenzaprine is not medically necessary to continue.