

<b>Case Number:</b>	CM14-0186462		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 57 year old male with a work injury dated 1/8/13. The diagnoses include: Under consideration are requests for Fenoprofen Calcium 400mg, one pill TID #120; Cyclobenzaprine Hydrochloride 7.5mg tablets, 1 PO every 8 hours as needed for pain and spasm #120; and Tramadol ER 150mg once a day as needed for severe pain #90. Per documentation the patient had persistent neck pain and had failed conservative treatment including activity modification, physical therapy, and pain management. He underwent a C4-7 anterior cervical microdiscectomy with hardware and reduction of retrolisthesis on 2/14/14. He underwent post op physical therapy. The patient is temporarily disabled. There is a documentation that on 7/18/14 the patient rated his pain as 3/10. On 9/16/14 the patient had a follow-up. The progress note states he had cervical pain and a limited range of motion. The document states that the patient's medications were refilled under a cover letter. There is a letter dated October 5, 2014 which states that Fenoprofen calcium, Omeprazole, Tramadol, Hydrocodone/acetaminophen, were being authorized for the patient. There is an 8/12/14 document that states that Diclofenac Sodium ER (Voltaren SR) 100mg; no refills requested Quantity: 120 were authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen Calcium 400mg, one pill TID #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) page 68; Anti-inflammatory medications Page(s): 2.

**Decision rationale:** Fenoprofen Calcium 400mg, one pill TID #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The guidelines also states that NSAIDS 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. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. The documentation indicates that prior to Fenoprofen the patient was on a different NSAID Voltaren. The documentation does not indicate significant functional improvement on NSAIDS. Additionally, the guidelines do not recommend NSAIDS long term. The request for Fenoprofen Calcium 400mg, one pill TID #120 is not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg tablets, 1 PO every 8 hours as needed for pain and spasm #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

**Decision rationale:** Cyclobenzaprine Hydrochloride 7.5mg tablets, 1 PO every 8 hours as needed for pain and spasm #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine 7.5mg #120 is not medically necessary.

**Tramadol ER 150mg once a day as needed for severe pain #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management-pages Page(s): 78-80.

**Decision rationale:** Tramadol ER 150mg once a day as needed for severe pain #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term Tramadol without significant functional improvement therefore the request for Tramadol # 150mg once a day as needed for severe pain is not medically necessary.