

<b>Case Number:</b>	CM15-0000049		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 injured worker is a 46 year old male, who sustained an industrial injury on January 10, 2002. The initial injury and resulting symptoms were not noted in the reviewed medical record. The diagnoses have included cervical disc displacement, chronic cervical radiculopathy with cervical spine fusion, chronic lumbar radiculopathy with lumbar spine fusion, chronic pain syndrome, depression, and anxiety. Treatment to date has included medications (Nalfon, flexeril, tramadol, protonix, neurontin, lidoderm, voltaren, naprosyn, trazadone), epidural injections, traction, ultrasound, cryotherapy, interferential unit, cold laser therapy, exercises, a low back brace, and psychotherapy. Subjective findings as of 12/24/14 include improvement in pain with H-unit. Physical findings included tenderness of the cervical spine and lumbar spine. MRI of C-spine is reported as having disc protrusions C4-5, C5-6, C6-7, lateral foraminal stenosis C6-7 and C5-6 and central stenosis. The treating physician is requesting prescriptions for Nalfon and Flexeril. On December 4, 2014 Utilization Review non-certified the requested medications noting the lack of documentation to support medical necessity. The MTUS Chronic Pain treatment guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**I Prescription of Nalfon 400mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fenoprofen (Nalfon).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72. Decision based on Non-MTUS Citation Pain, Fenoprofen (Nalfon)

**Decision rationale:** MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. Fenoprofen (Nalfon, generic available): 200, 600 mg. Dosing: osteoarthritis; (off-label use for ankylosing spondylitis); 300 - 600mg PO 3 to 4 times per day (Max daily dose is 3200mg). Improvement may take as long as 2 to 3 weeks. Mild to moderate pain (off-label use for bone pain): 200mg PO every 4 to 6 hours as needed. The patient does have documented back pain. Medical records do indicate that the patient has been on NSAID for several years and would not be considered shortest amount of treatment time. Additionally, the medical records do not subjectively define the pain well and does not subjectively or objectively annotate improvement. As such, the request for Fenoprofen Calcium 400mg #120 is not medically necessary.

**1 Prescription of Flexeril 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Pain, Cyclobenzaprine (Flexeril)

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The

addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 7.5mg #60 is not medically necessary.