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| Case Number: | CM15-0147085 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 06/05/2004 |
| Decision Date: | 09/22/2015 | UR Denial Date: | 07/16/2015 |
| Priority: | Standard | Application Received: | 07/28/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male, who sustained an industrial injury on June 5, 2004 while working as a laborer. The mechanism of injury was a slip and fall. The injured worker fell 5-6 feet onto cement, while washing a machine. The injured worker has been treated for low back complaints. The diagnoses have included mid-lumbar spine fractures, lumbar disc bulge, and sacroiliac joint arthropathy, pain in joint involving the pelvic region, lumbar radiculopathy, bilateral carpal tunnel syndrome and lumbar discopathy with disc displacement. Treatment and evaluation to date has included medications, radiological studies, electro diagnostic studies, computed tomography scan, MRI, topical analgesics and a lumbar spine discectomy. The injured worker was not working. Current documentation dated June 28, 2015 notes that the injured worker reported low back pain with radiation down the both lower extremities. Associated symptoms included numbness and tingling. The injured worker also noted pain over the bilateral sacroiliac joint radiating across the back and neck pain. The injured workers current medications and compound creams were noted to be helpful for the pain. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature and the right sacroiliac joint. Range of motion was decreased due to pain and stiffness. A Patrick's test and a FABER (flexion, abduction and external rotation) test were positive. Sensation was diminished to light-touch and pinprick at the right sacral-one dermatomal distribution. The injured worker was also noted to have gone to the emergency room with chest pain since the prior visit and was referred to a cardiologist. The treating physician's plan of care included requests for Nalfon 400 mg # 90 and Flexeril 10 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Antispasmodics - Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This medication has been prescribed since at least Feb 2015, in excess of the time frame recommended. Given this, the current request is not medically necessary.

Nalfon 400mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects; Fenoprofen (Nalfon, generic available) Page(s): 70, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for this NSAID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that this medication is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Given this, the current request is not medically necessary.