

<b>Case Number:</b>	CM15-0185148		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/16/2003
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 40 year old male who sustained an industrial injury July 16, 2003. The patient sustained the injury when he was cleaning a bumper of pickup truck. Diagnosis is documented as lumbar degenerative joint disease. According to a treating physician's progress report dated August 18, 2015, the injured worker presented with complaints of a flare-up of severe back pain and spasms. He continues to work as an auto mechanic but cannot stand up straight. He is requesting a refill of medications. He was taking over the counter Tylenol without relief. He reports the medications are reducing muscle spasm and pain by 50%. This day he rated his pain 9 out of 10, at best 4 out of 10 with medication, and 10 out of 10 without medication. Physical examination revealed; antalgic posture, he cannot stand up straight; right and left straight leg raise at 80 degrees causing right-sided back pain that radiates into the right buttock and posterior thigh; sensory loss to light touch and pinprick at the right lateral calf and bottom of his foot; ambulates with a limp; 4 out of 5 weakness in the right thigh; absent right Achilles reflex. It is documented that the pt had a flare-up of back pain, right radicular symptoms; disc herniation L5-S1 impinging the right S1 nerve root; back spasms; insomnia due to pain; neuropathic component of pain, right leg. He is under a narcotic contract and shows no signs of abuse. At issue, is a request for authorization dated August 30, 2015 for Feldene 10mg #30. An MRI of the lumbar spine dated May 16, 2013 (report present in the medical record) impression; broad-based disc bulging of L5-S1; no segmental stenosis or foraminal encroachment is observed on this examination. According to utilization review dated August 31, 2015, the request for Norco 10-325mg #90 between August 18, 2015 and October 16, 2015 is certified. The request for Parafon Forte 500mg #30 between August 18, 2015 and October 26, 2015 is certified. The request for Feldene 10mg #30 between August 18, 2015 and October 26, 2015 is non-certified.

Patient had received lumbar ESI for this injury. The medication list includes Norco and Mobic. The patient has had history of lumbar degenerative disc disease with disc herniation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Feldene 10mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Feldene 10mg #30. Feldene belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA 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. (Van Tulder-Cochrane, 2000)." As per the cited guidelines Piroxicam (Feldene, generic available): "This drug has a long half-life and steady state is not reached for 7-12 days. There is a progressive response over several weeks and therapy effect should not be assessed for two weeks after initiating therapy." The patient is having chronic pain. The diagnosis is documented as lumbar degenerative joint disease. According to a treating physician's progress report dated August 18, 2015, the injured worker presented with complaints of a flare-up of severe back pain and spasms. He reports the medications are reducing muscle spasm and pain by 50%. This day he rated his pain 9 out of 10, at best 4 out of 10 with medication, and 10 out of 10 without medication. Physical examination revealed; antalgic posture, he cannot stand up straight; right and left straight leg raise at 80 degrees causing right-sided back pain that radiates into the right buttock and posterior thigh; sensory loss to light touch and pinprick at the right lateral calf and bottom of his foot; ambulates with a limp; 4 out of 5 weakness in the right thigh; absent right Achilles reflex. It is documented that the pt had a flare-up of back pain, right radicular symptoms; disc herniation L5-S1 impinging the right S1 nerve root; back spasms; insomnia due to pain; neuropathic component of pain, right leg. An MRI of the lumbar spine dated May 16, 2013 (report present in the medical record) impression; broad-based disc bulging of L5-S1; no segmental stenosis or foraminal encroachment is observed on this examination. NSAIDs like Feldene are first line treatments to reduce pain. The patient has chronic pain with significant objective abnormal findings. The request for Feldene 10mg #30 is deemed medically appropriate and necessary in this patient.