

<b>Case Number:</b>	CM15-0058508		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	04/24/2010
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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:

This is a 40-year-old female patient, who sustained an industrial injury on April 24, 2010. The diagnoses include cervical herniated nucleus pulposus (HNP), radiculopathy and myofascial pain and spasm. A progress note dated February 19, 2015 she had complains of increased neck pain with spasms and right arm pain. She reports prior epidural steroid injection on September 14, 2014 provided 60% pain relief for almost six months. She has increased her use of Flexeril due to the pain and spasms and reports the Cymbalta greatly helped her depression and anxiety. Her numbness and weakness in the right hand is causing her to drop things and makes typing difficult. Physical exam notes cervical tenderness with spasm, decreased range of motion (ROM) and positive Spurling's test. The current medications list includes cymbalta, gabapentin, fenoprofen, protonix and flexeril. She has had cervical spine MRI and X-rays for this injury. She has had epidural steroid injection and trigger point injections. She has had urine drug screen on 1/20/2015. The plan includes oral medication, epidural steroid injection and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen 400mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Request: Fenopufen 400mg #60. Fenopufen is an NSAID. 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." Per the records provided patient is having pain over the neck and right arm. He is having significant objective findings- tenderness, spasm, decreased range of motion and positive Spurling's test. Use of NSAIDS like fenopufen is medically appropriate and necessary to manage his chronic pain. The request of Fenopufen 400mg #60 is medically necessary and appropriate for this patient.

**Protonix 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Request: Protonix 20mg #30. Protonix contains pantoprazole, which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. "Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Protonix 200mg #30 is not established for this patient.

**Flexeril 7.5mg #40:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** Request: Flexeril 7.5mg #40. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain

medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient is having pain over the neck and right arm. He is having significant objective findings; tenderness, spasm, decreased range of motion and positive Spurling's test. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines, Flexeril is recommended for short-term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 7.5mg #40 is medically appropriate and necessary to use during acute exacerbations.