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| <b>Case Number:</b>   | CM14-0213990 |                              |            |
| <b>Date Assigned:</b> | 12/31/2014   | <b>Date of Injury:</b>       | 05/29/2012 |
| <b>Decision Date:</b> | 03/03/2015   | <b>UR Denial Date:</b>       | 12/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/22/2014 |

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 29, 2012. In a Utilization Review Report dated December 10, 2014, the claims administrator failed to approve requests for cyclobenzaprine and fenoprofen reportedly sought via an RFA form dated November 21, 2014. The applicant's attorney subsequently appealed. In a June 13, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant presented with persistent complaints of neck and shoulder pain. A rather proscriptive 10-pound lifting was endorsed. There was no discussion of medication selection or medication efficacy. It was not clear whether the applicant was or was not working at this point. On September 19, 2014, the applicant reported persistent complaints of neck and shoulder pain. Acupuncture and unspecified medications were sought. A 25-pound lifting limitation was endorsed. There was no discussion of medication efficacy on this date. It was not clearly stated whether the applicant was or was not working at this point. In a typewritten August 20, 2014 progress note, the applicant reported intermittent complaints of neck pain radiating into the shoulder. Medications were reducing the applicant's pain by 30% to 40% and were facilitating the applicant's return to work as a housekeeper. The applicant was asked to employ naproxen as needed for pain relief and employ Remeron for insomnia. Medications, a TENS unit, and home exercises were recommended. The applicant denied any medication side effects but acknowledged that she had become somewhat depressed. On August 15, 2014, the applicant was, once again, asked to continue naproxen and Remeron while working full time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Anti-inflammatory Medications Page(s).

**Decision rationale:** No, the request for fenoprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as fenoprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider did not clearly state why fenoprofen was being introduced when a previously prescribed NSAID, naproxen, was being employed to reportedly good effect on multiple progress notes, referenced above throughout mid and late 2014. The attending provider did not outline a compelling rationale or basis for concurrent provision of two separate NSAIDs, fenoprofen and naproxen. Therefore, the request was not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including naproxen, fenoprofen, Remeron, etc. Addition of cyclobenzaprine to the mix is not recommended. It is further noted that the 60-tablet supply at issue, in and of itself, represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

