

<b>Case Number:</b>	CM14-0215935		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	04/22/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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 knee and leg pain reportedly associated with an industrial injury of April 26, 2014. In a Utilization Review Report dated December 2, 2014, the claims administrator failed to approve a request for Nalfon and cyclobenzaprine reportedly dispensed on or around October 27, 2014. The applicant's attorney subsequently appealed. On November 17, 2014, the attending provider issued the applicant prescriptions for Nalfon, cyclobenzaprine, and tramadol through usage of preprinted order form. Preprinted checkboxes were employed. Little-to-no narrative commentary was attached. No discussion of medication efficacy transpired. On November 12, 2014, the applicant reported persistent complaints of right knee pain with associated difficulty negotiating stairs, 8/10. The applicant stated that his knee was buckling and swelling. The attending provider stated that he was refilling medications under separate cover. The attending provider sought authorization for a right knee arthroscopy. The applicant has returned to regular duty work on paper, although it is not clearly outlined whether the applicant was or was not working. On October 20, 2014, the applicant again reported 8/10 knee pain, exacerbated by kneeling, standing, walking, ascending and/or descending stairs, etc. The applicant reported issues with pain and instability. The applicant exhibited a visibly antalgic gait. The applicant was given a knee corticosteroid injection and asked to pursue a knee arthroscopy. Once again, the applicant was returned to regular duty work on paper, although the attending provider did not explicitly state that the applicant was working. The attending provider again stated that he was refilling medications under separate cover.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nalfon 400 MG #120:** Upheld

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

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

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Nalfon (fenopropfen) do represent the traditional first line of treatment for various chronic pain syndromes, this recommendations 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 medications efficacy into his choice of recommendations. Here, however, the attending provider has failed to incorporate any material discussion of medication efficacy into any of his progress notes. The attending provider did not explicitly discuss medication selection or medication efficacy on any cited progress notes, including on November 12, 2014. The November 17, 2014 RFA form likewise did not explicitly state whether or not ongoing medication consumption, including ongoing Nalfon consumption was, in fact, beneficial here. Therefore, the request was not medically necessary.

**Cyclobenzaprine 7.5 MG #120:** 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:** 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 is using a variety of other agents, including Nalfon, Zofran, tramadol, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the short course of therapy for which it is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.