

Case Number:	CM15-0111241		
Date Assigned:	07/24/2015	Date of Injury:	04/15/2013
Decision Date:	08/26/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 62-year-old male who sustained an industrial injury on 04/15/2013. Current diagnoses include lumbago, thoracic or lumbosacral neuritis or radiculitis, and backache not otherwise specified. Previous treatments included medications, surgical intervention, lumbar epidural injection, physical therapy, and cognitive behavioral therapy. Previous diagnostic studies include x-rays, lumbar spine MRI, epidurogram, electrodiagnostic study, and urine toxicology screenings. Initial injuries occurred to the lumbar spine as a result of a work related injury. Report dated 05/18/2015 noted that the injured worker presented with complaints that included lower back pain with radiation to the left thigh and left leg. The injured worker stated that the medications help his pain. The injured worker noted that he recently fell and this caused an exacerbation of his back pain but pain has since decreased. Current medication regimen includes cyclobenzaprine, Fenoprofen, omeprazole, Lidopro ointment, and Terocin patches. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination was positive for restricted range of motion in the lumbar spine limited by pain, paravertebral muscle tenderness, spinous process tenderness, lumbar facet loading is positive on the left side, positive straight leg raise on the left, decreased motor strength on the left, hyperesthesia over the medial calf and lateral calf on the left. The treatment plan included prescriptions for Lunesta and naproxen sodium, refilled cyclobenzaprine, omeprazole, and Lidopro ointment, discontinued fenoprofen, the injured worker has upcoming appointments, and continue heat, exercise and medications. Currently the injured worker is temporarily very disabled. Follow up in 4 weeks. The medical records submitted supports that the injured worker

has been prescribed cyclobenzaprine and fenoprofen since at least 01/26/2015 and continues to be seen on a monthly basis since at least 01/26/2015. Disputed treatments include cyclobenzaprine and fenoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics, Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, Cyclobenzaprine (Flexeril) Page(s): 63-64.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. There is no documentation submitted to support improvement in reducing pain, reducing muscle spasms, or increasing function with the use of this medication. The medical records submitted supports that the injured worker has been prescribed Cyclobenzaprine since at least 01/26/2015, and continues to be seen on a monthly basis since at least 01/26/2015. A medical report dated 05/18/2015 did not include any objective findings of muscle spasms. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

Fenoprofen 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 1, 67-71.

Decision rationale: Fenoprofen calcium (Nalfon) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the California MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief and improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Current evidence-based guidelines indicate that Fenoprofen is less effective

and has greater side effects than Naproxen or Ibuprofen. Guidelines indicate that Fenoprofen should not be used unless there is a sound medical basis for not using a safer or more effective alternative NSAID. Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted supports that the injured worker has been prescribed Fenoprofen since at least 01/26/2015 and continues to be seen on a monthly basis since at least 01/26/2015. There is no change in pain or level of function documented with the use of this medication. Report dated 05/18/2015 the primary treating physician discontinued use of fenoprofen and prescribed naproxen sodium. Since the primary treating physician discontinued fenoprofen the request for fenoprofen 400mg #60 is not medically necessary.