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| <b>Case Number:</b>   | CM15-0023287 |                              |            |
| <b>Date Assigned:</b> | 04/15/2015   | <b>Date of Injury:</b>       | 01/08/2010 |
| <b>Decision Date:</b> | 05/14/2015   | <b>UR Denial Date:</b>       | 01/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2015 |

### 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, New York, 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 35-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 8, 2010. In a Utilization Review report dated January 7, 2015, the claims administrator failed to approve requests for Flexeril and Nalfon. The applicant's attorney subsequently appealed. In a January 21, 2015 progress note, the applicant reported 7/10 low back pain complaints with associated paresthesias. The applicant was receiving unemployment compensation through the [REDACTED]. The applicant had developed issues with depression, it was acknowledged. The applicant was also receiving disability benefits on behalf of his children, it was acknowledged. The applicant reported that sitting, standing, walking, and lifting remained problematic. The applicant was also using a TENS unit, which was allegedly malfunctioning. Multiple medications were endorsed, including tramadol, Naprosyn, Effexor, Topamax, topical LidoPro, and a TENS unit. It was stated in one section of the note that the applicant was using Nalfon, while the applicant was apparently given tramadol at the bottom of the note. Permanent work restrictions were renewed, seemingly resulting in the applicant's removal from the workplace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg #60:** Upheld

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

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

**Decision rationale:** No, the request for Flexeril (cyclobenzaprine) was 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, in fact, using a variety of other agents, including Nalfon, Naprosyn, tramadol, topical LidoPro, Effexor, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine (Flexeril) at issue represents treatment 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.

**Nalfon 400 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for Nalfon, an anti-inflammatory medication, was likewise 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 Nalfon (fenoprofen) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain 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 medication efficacy into his choice of recommendations and by further 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 recommendations. Here, however, the attending provider did not reconcile his seemingly concurrent prescriptions for two separate NSAID medications, Nalfon and Naprosyn. The attending provider likewise failed to incorporate any significant discussion of medication efficacy insofar as decision to renew Nalfon was concerned. The applicant remained off of work, despite ongoing usage of Nalfon, it was suggested on a January 21, 2015 progress note, referenced above. The applicant was receiving unemployment compensation on his own behalf and was receiving disability insurance benefits on behalf of his children, it was acknowledged. The applicant reported that sitting, standing, and walking all remained problematic on that date. Ongoing usage of Nalfon (fenoprofen) failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken

together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.