

<b>Case Number:</b>	CM15-0079075		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/24/2010
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 40 year old female who sustained an industrial injury on 04/24/2010. The injured worker was diagnosed with cervical disc syndrome, cervical herniated nucleus pulposus C5-C6 and cervical radiculopathy. Treatment to date includes diagnostic testing, conservative measures, cervical epidural steroid injection (ESI) in July 2014, trigger point injection right trapezium September 2014, and right trapezium paracervical trigger point injection in December 2014 and medications. According to the primary treating physician's progress report on March 19, 2015, the injured worker continues to experience neck, shoulder and arm pain. Examination of the cervical spine demonstrated taut muscle bands and spasm in the cervical paraspinal muscles with decreased range of motion. Compression elicits pain in the right shoulder to the arm with decreased sensation along the C6 distribution. Spurling's is positive on the right. Recent medications include Cymbalta, Flexeril, Gabapentin, Fenoprofen and Protonix. Treatment plan consists of continuing with Cymbalta, schedule C5-C6 epidural steroid injection (ESI) as authorized and the current request for Flexeril, Fenoprofen and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen (no qty or dosage provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** Guidelines state that NSAIDs are first line treatment to reduce pain and functional restoration and are recommended at the lowest dose for the shortest period. In this case, no dosage or quantity is specified so the request is unclear. The request for fenoprofen (no dosage or quantity) is not medically appropriate and necessary.

**Protonix ( no qty or dosage provided):** Upheld

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

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

**Decision rationale:** Guidelines recommend patients at intermediate or high risk for gi events that are on NSAIDs be placed on PPI. In this case, guidelines do not support use of a PPI when the patient is not on an NSAID. Since the NSAID requested is not medically appropriate, the request for a PPI is also not medically appropriate and necessary.

**Flexeril (no qty or dosage provided):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

**Decision rationale:** Guidelines recommend muscle relaxants as an option for short-term therapy of acute pain. In this case, the patient has chronic pain, which is outside the window of initial use for this medication. The request for flexeril is not medically appropriate and necessary.