

<b>Case Number:</b>	CM13-0037300		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43-year-old female with a /19/12 date of injury. She was seen on 9/13/13 for right shoulder compliant with tingling in her right shoulder. The patient was not able to take Celebrex and NSAIDs due to stomach irritation. Exam findings revealed tenderness at the medial scapular border and right upper limb girdle myofascial pain. The diagnosis is cervical sprain and right shoulder myofascial pain. Treatment to date: trigger point injections, medications, chiropractic therapy acupuncture. A UR decision dated 9/23/13 denied the request for Flector given ODG states it is not recommended as a first line treatment line treatment and FDA criteria requires acute sprain s and contusion, which the patient was not noted to have. The request for Flexeril was denied as the patient has been on this medication chronically and there was no evidence of an acute back exacerbation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLECTOR PATCH BID #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS Page(s): 111-112.

**Decision rationale:** MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. The patient is not noted to have any acute sprains or contusions. In addition, this medication is meant to be used for osteoarthritic joint pain, which the patient does not have. Therefore, the request for Flector patch was not medically necessary.

**FLEXERIL 10MG QHS #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. This patient has been on this medication chronically and has exceeded the recommended treatment guidelines with regard to duration of use. In addition, the patient is not noted to have an exacerbation of low back pain. Therefore, the request for Flexeril was not medically necessary.