

<b>Case Number:</b>	CM13-0043197		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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:

The patient is a 49-year-old female who reported an injury on 08/17/2009. The injury was noted to have occurred when the patient stepped in a hole. Her diagnoses include thoracic discogenic pain, neck pain, thoracic radiculitis, shoulder pain, lumbar sprain or strain, lumbar facet syndrome, lumbosacral radiculopathy, hip capsulitis, and chronic pain. Her medications were noted to include Flector patches, Lidoderm patches, Vicoprofen 7.5/200 mg, Skelaxin 800 mg to be used every 8 hours for muscle spasms, and Flurbiprofen cream to be used as needed for pain or inflammation. The clinical information submitted indicates the patient was previously approved for 4 visits of pain psychology

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg, #90 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63.

**Decision rationale:** According to the California MTUS Guidelines, muscle relaxants are recommended with caution as a second line option for short-term treatment of acute

exacerbations in patients with chronic low back pain. It further states that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The clinical information submitted for review failed to address whether the patient has been experiencing acute exacerbations of her low back pain. Additionally, recent physical exam findings did not include spasm in the back. Therefore, the request for Skelaxin is not supported by guidelines. As such, the request is non-certified.

**Flurbiprofen 20% cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines, topical NSAIDs may be recommended for short-term use from 4 to 12 weeks in the treatment of osteoarthritis and tendonitis of joints that are amenable to topical treatment such as knees or elbows. The guidelines specifically state that there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The patient has been noted to have chronic pain related to diagnosis of the spine, hip, and shoulder; however, she is not known to have osteoarthritis or tendonitis of the knee or elbow. Therefore, the use of topical NSAIDs is not supported. Additionally, the California MTUS Guidelines indicate that the only FDA approved topical NSAID is Voltaren 1% gel. Therefore, the request for Flurbiprofen 20% cream is not supported. For these reasons, the request is non-certified

**Pain psychology consult, 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines, Page(s): 23-25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 101-102.

**Decision rationale:** According to the California MTUS Guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The clinical information submitted for review does indicate that the patient has chronic pain. She was also noted to have previously been approved for 4 pain psychology visits; however, the clinical information submitted failed to provide documentation regarding the patient's outcome with her previous 4 visits. Therefore, additional sessions are not supported. As such, the request is non-certified.