

Case Number:	CM13-0048928		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2004
Decision Date:	04/25/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/07/2013

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 Internal Medicine has a subspecialty in Pulmonary Diseases 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:

The patient is a 71-year-old female who reported injury on 02/24/2004. The mechanism of injury was not provided. The patient's medication history included muscle relaxants as of 2012. The documentation of 10/03/2013 revealed the patient had complaints of intermittent pain and was not taking Flexeril or Norco. The patient's diagnoses included lumbago, lumbar disc displacement without myelopathy and lumbar/lumbosacral intervertebral disc displacement. The treatment plan included to continue Duragesic, Flexeril, Neurontin, Norco, and Flector patches as well as an evaluation with the [REDACTED] functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF FLEXERIL 10MG #90: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical

documentation submitted for review indicated the patient had been on the medication since 2012. The physical examination failed to indicate the patient had muscle spasms. Additionally, it was indicated the patient was not taking Flexeril and as such, there was a lack of documentation indicating a necessity for continued treatment with Flexeril. Given the above, the request for Flexeril 10 mg #90 is not medically necessary.

ONE PRESCRIPTION OF FLECTOR 1.3.% PATCH #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS TOPICAL NSAID Page(s): 111, 67-68.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. The clinical documentation submitted for review failed to provide documentation the patient had neuropathic pain and had trialed and failed antidepressants and anticonvulsants. The duration of use could not be established; however, the documentation indicated this medication was for continuation. Given the above, the request for 1 prescription of Flector 1.3% patch #60 is not medically necessary.