

Case Number:	CM14-0006611		
Date Assigned:	02/07/2014	Date of Injury:	04/05/2008
Decision Date:	06/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/17/2014

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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 injured worker is a 33 year old female who sustained an injury on 04/05/08 when she fell. The injured worker has been followed for ongoing complaints of chronic low back pain following a lumbar fusion performed at L5-S1. Other treatments have included epidural steroid injections as well as the use of multiple medications to include Percocet, Prilosec, and Flector patches with good reported relief. The clinical report from 11/20/13 noted recent consistent urinary drug screen findings. The patient's pain scores in regards to chronic low back pain were 7/10 on the VAS. The injured worker did admit to changes in pain due to weather. The injured worker reported Flector use in the daytime with good reported relief. The injured worker only took Percocet at night. Good response to epidural steroid injections was noted. On physical examination, there was tenderness to palpation in the lumbar paraspinal musculature bilaterally with limited range of motion. Decreased sensation in the right foot was noted. There was also mild weakness on right ankle dorsa flexion as well as plantar flexion. The injured worker was pending further epidural steroid injections. Medications were continued at this visit to include Percocet, Flexeril, and Flector patches. The injured worker was recommended to consider Lyrica for neuropathic pain due to past issues with Gabapentin. Follow up on 01/21/14 noted an increase in the injured worker's chronic low back pain as well as bilateral knee pain. Medication efficacy remained unchanged. Physical examination findings showed no evidence of sedation. Medications were continued at this visit. The injured worker returned on 02/25/14 with unchanged symptoms. The injured worker denied any side effects from current medications. The efficacy of Flector patches and Percocet remained unchanged. Physical examination findings also remained unchanged. Medications were continued at this visit to include Flector patches and Flexeril. Flexeril 10mg, quantity 30 and Flector patches, quantity 60 was denied by utilization review on 01/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: In regards to the use of Flexeril 10mg quantity 30, this medication is not medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, request is not medically necessary.

FLECTOR PATCHES #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112. Decision based on Non-MTUS Citation ODG,Pain, Topical Analgesics.

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

Decision rationale: In regards to Flector patches, quantity 60, this topical analgesic is not medically necessary. Flector patches contain antiinflammatories. Per guidelines, a majority of topical analgesics for chronic pain are considered experimental and investigational. From the clinical reports submitted, there was no evidence that the injured worker had any substantial side effects with oral antiinflammatories to warrant the use of a topical antiinflammatory patch. Given the lack of any clear indications that the injured worker had failed a reasonable trial of oral medications, requested patch is not medically necessary.