

Case Number:	CM14-0106117		
Date Assigned:	07/30/2014	Date of Injury:	01/30/2009
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 and is licensed to practice in Illinois. 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 36-year-old female who reported an injury on 01/30/2009. The mechanism of injury was not stated. The current diagnosis is degenerative disc disease and disc bulging at L4-5 and L5-S1 with radiculitis. The injured worker was evaluated on 06/24/2014 with complaints of increasing pain. The current medication regimen includes Flexeril, Flector patches, and Norco. Physical examination revealed a loss of lumbar lordosis, tenderness in the right lumbosacral area, guarded range of motion, normal motor and sensory examination in the lower extremities, and normal deep tendon reflexes. Treatment recommendations included an epidural steroid injection and a refill of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

only FDA approved topical NSAID is Diclofenac, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine. There is also no frequency listed in the current request. There is no documentation of objective functional improvement despite the ongoing use of this medication. As such, the request is not medically necessary.

Flexeril 10 mg, #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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon physical examination. The California MTUS Guidelines state Flexeril should not be used for longer than 2 to 3 weeks. There was no frequency listed in the current request. As such, the request is not medically necessary.

Norco 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.