

<b>Case Number:</b>	CM14-0174244		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	11/21/2007
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Occupational Medicine 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 claimant injured his low back on 11/21/07 while lifting a large rock. Fluriflex, TGHOT, Flexeril, and Motrin are under review. He has chronic upper and lower back pain. He has been diagnosed with sprain and strain and myofascial pain syndrome with radiculitis of the lumbar spine. He did attend some acupuncture. He has been prescribed different medications including topicals and anti-inflammatories. He received an impairment rating in mid-2013. On 09/03/14, his physical therapy was on hold and he was prescribed topical medications, Flexeril, and Motrin. He reported his pain was 2-3/10 and had decreased from 3-4/10 since his last visit. He had tenderness of the thoracic and lumbar spines with restricted range of motion. Straight leg raise was positive bilaterally. MRI of the cervical spine and EMG/NCV of the upper extremities were pending. He was given topical medications to help him avoid the use of narcotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Fluriflex 180gm. The MTUS state "topical agents may be recommended as an option [but 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. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant was also using other oral medications with no documentation of intolerance or lack of effectiveness. The use of topical agents is not supported by the MTUS in an effort to help patients avoid the use of narcotics. It is not clear why the claimant was provided with two topical medications and this appears to be duplicative. The medical necessity of this request for the topical medication Fluriflex 180 mg has not been clearly demonstrated.

**TGHot 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Gabapentin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for TGHot 180gm. The MTUS state "topical agents may be recommended as an option [but 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. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant was also using other oral medications with no documentation of intolerance or lack of effectiveness. The use of topical agents is not supported by the MTUS in an effort to help patients avoid the use of narcotics. It is not clear why the claimant was provided with two topical medications and this appears to be duplicative. The medical necessity of this request for the topical medication TGHot 180 mg has not been clearly demonstrated.

**Flexeril 7.5 mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

**Decision rationale:** The history and documentation do not objectively support the request for Flexeril 7.5 mg #60. The MTUS Chronic Pain Medical Treatment guidelines state for cyclobenzaprine (Flexeril), "recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following

should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication is to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)" Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril which MTUS guidelines advise against. Additionally, the submitted medical records do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, trials of local modalities such as ice/heat and exercise are not described. Trials of other medications, including first-line drugs such as acetaminophen and anti-inflammatories and his response to them, including relief of symptoms and documentation of functional improvement, have not been described. It is not clear how often he has been advised to take Flexeril. As such, this request for Flexeril 7.5 mg #60 is not medically necessary.

**Motrin 600 mg, QTY: 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - ibuprofen, page 102; Medications for Chronic Pain, page 94 Page(s): 102; 94.

**Decision rationale:** The history and documentation do not objectively support the request for ibuprofen 600mg #60. The MTUS state "NSAIDs (non-steroidal anti-inflammatory drugs) - Specific recommendations: Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. (van Tulder, 2006) (Hancock, 2007) For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. (Roelofs-Cochrane, 2008)." MTUS further state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication.... Analgesic medication should show effects within 1 to 3 days,..." The response to the medication should be evaluated and recorded. In this case, the claimant has used anti-inflammatory medications but his response to them is unknown. It is not clear whether he has tried the first line drug acetaminophen. It is also not clear whether he has tried local modalities such as ice or heat for pain relief. There is no

evidence that the claimant is involved in an exercise program to help to maintain any benefits he gets from the use of medications. The medical necessity of this request for Motrin 600 mg #60 has not been demonstrated.