

<b>Case Number:</b>	CM14-0020200		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	01/15/2002
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 69-year-old female injured on 01/15/02 when she tripped and fell resulting in injuries to her low back, right knee, and bilateral upper extremities. The injured worker was initially examined and found to have lumbar degeneration of L4-5 and L5-S1. The injured worker has participated in a home exercise program, 150 hours of functional restoration program, and medication management. Current diagnoses include degeneration of lumbosacral intervertebral disc, psychalgia, displacement of lumbar intervertebral disc without myelopathy, thoracic neuritis, and osteoarthritis of the knee. The clinical note dated 01/17/14 indicates the injured worker presented for complaints of bilateral lower back pain and follow up for medication management. There was no physical assessment provided for review. The documentation indicates the injured worker continues to rely on medication to manage her pain in order to maintain her current level of function. The injured worker was advised regarding Flector patch administration and encouraged to continue at home exercise, stretching routines, and to take medications as prescribed. Medications included Flector 1.3% transdermal 12-hour patch daily, Omeprazole 20mg daily, and Zanaflex 4mg every 8 hours. The request for Flector patches 1.3% #60 and Zanaflex 4mg #30 was non-certified on 02/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLECTOR PATCHES 1.3%, #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 Page(s): 111.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Flector is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is also not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral (NSAIDs), after considering the increased risk profile with diclofenac. Therefore Flector Patches 1.3%, #60 cannot be recommended as medically necessary as they do not meet established and accepted medical guidelines.

**ZANAFLEX 4MG, #30:** Upheld

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

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

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Zanaflex 4MG, #30 cannot be established at this time.