

<b>Case Number:</b>	CM14-0041049		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/14/2002
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 58 year old female who suffered cumulative trauma while working as a secretary. Date of injury is June 14, 2002. The injured worker has been seen for lumbar spine with and without radiculopathy, as well as cervical pain. Treatment has consisted of medications, Flector patch, muscle relaxants, pain medication, and anticonvulsants. Pool therapy is noted, which after reviewing the clinical records submitted, seemed to be providing better relief than the medications. The Visual Analog Scale (VAS) scores were always 5-7/10 with aquatic therapy it always reduced to a 4/10. The injured worker did undergo cervical spine fusion on March 12, 2014. The injured worker reports that her pain has improved by 50 to 60 percent. Most recent document dated June 17, 2014 indicates the injured worker did note that her pain is better managed when she is performing self-directed aquatic therapy program. Physical examination revealed an antalgic gait. Normal muscle tone without atrophy in all four extremities was noted. Diagnoses include sciatica, cervicgia, lumbar disc displacement without myelopathy. Prior utilization review determined Flexeril as not medically necessary. Flector patch was recommended because the injured worker has gastrointestinal problems and was unable to take anti-inflammatory drugs orally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Muscle relaxants (for pain).

**Decision rationale:** The request for Flexeril 10milligrams Quantity 30 with two refills is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request for Flexeril. No documentation of functional improvement and no change in the Visual Analog Scale (VAS) is noted. This medication is not recommended to be used for longer than two weeks. Therefore medical necessity for Flexeril has not been established.

**Flector 1.3% Patch #60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

**Decision rationale:** The request for Flector 1.3 percent Patch Quantity 60 with three refills is not medically necessary. The current evidence based guidelines do not support the request. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. The clinical documentation submitted for review, fails to confirm functional improvement as well as decreased pain levels. Therefore, medical necessity for Flector has not been established.