

<b>Case Number:</b>	CM14-0060824		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/12/2005
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 56 year old male who had a work related injury on 09/12/05. The mechanism of injury is not documented. Most recent medical record submitted for review is dated 06/25/14. He is in the office today for lower back and right shoulder pain. No new problems or side effects. Quality of sleep is poor. He is not trying any other therapies for pain relief. He denies any new injuries since his last visit. His activity level has increased. He received all his medications last month. Current medications Lidoderm 5% patch, amitiza, trazodone, Flexeril, gabapentin, Percocet, kadian and flector patch. Review of systems is unremarkable. Physical examination notes the injured worker is well groomed. His gait is slowed. Examination of the lumbar spine reveals surgical scars. Range of motion is restricted with extension limited to 30 degrees limited by pain, mostly in extension but normal in flexion. On palpation, paravertebral muscles, tenderness and tight muscle band is noted on both the sides. Faber test is positive. Babinski sign is negative. Ankle jerk is 2/4 bilaterally. Patellar jerk is 1/4 bilaterally. Trigger point with radiating pain and twitch response on palpation at lumbar paraspinal muscle on right and left. The shoulder, on the right, movements are restricted with abduction limited to 155 degrees limited by pain. Motor testing is limited by pain. Strength in EHL on the right and left is 5/5, dorsiflexors 5/5 bilaterally, plantar flexors 5/5 bilaterally, hip flexors 5/5 on the left. Sensation exam reveals normal touch, pain, temperature, deep pressure, vibration, tactile location and tactile discrimination. Diagnoses are spinal lumbar degenerative disc disease, mood disorder, joint pain in the shoulder, postlaminectomy syndrome. Prior utilization review on 04/21/14 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches 1/3# #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flector patch.

**Decision rationale:** As noted in the Pain chapter of the Official Disability Guidelines, Flector patches are not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drugs (NSAIDs) or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is Food and Drug Administration indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. There is no indication that this monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. Therefore, the request for this medication is not medically necessary at this time.

**Flexeril 10mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 41 of 127.

**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. Therefore, the medical necessity of this medication cannot be established at this time. The request is not medically necessary.

**Trigger Point Injections, lumbarparavertebral:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122-123. Decision based on Non-MTUS Citation Official Disability Guidelines -Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** As noted on page 122 of the Chronic Pain Medical Treatment Guidelines, trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging or neuro-testing); not more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; and frequency should not be at an interval less than two months. Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Physical examination reflects a positive twitch response, and radiation to palpation. Therefore, medical necessity has been established. The request is medically necessary.