

<b>Case Number:</b>	CM14-0088471		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 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 injured worker is a 38 year old male who reported an injury on 09/28/2012 due to unspecified mechanism of injury. The injured worker had a history of thoracic and lumbar spine pain. The injured worker had a diagnoses of mid thoracic noncompressive disc herniations and severe exacerbations of symptoms. The MRI dated 03/09/2014 revealed normal findings. No diagnostics available for review. The past treatment included injection of Dilaudid, Keratek medications and hot showers. The objective findings dated 07/22/2014 of the lumbar spine revealed tenderness over the paraspinals bilaterally, decreased range of motion, positive Kemp's test bilateral, decreased strength bilaterally at the L4-5, with decreased sensation bilaterally at the L4-5. Deep tendon reflexes were 1+ at the patella and Achilles' tendons bilaterally. The medications included Norco, Flexeril, and Keratek gel, with a reported pain without medication of 4/10 to 5/10 and with medication 2/10 to 3/10. The treatment plan included TENS unit, rheumatologist, consultation with pain management, continue medication. The request for authorization dated 06/03/2014 was submitted documentation. The rationale for the Theraflex, hydrocodone, and topical Flector patches was to help control the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theraflex(Flurbiprofen/Cyclobenzaprine/Menthol cream/20%/10%/4%)180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications Topical Analgesics. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Topical Analgesics.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines states that muscle relaxants are not recommended as there is no evidence for use of any other muscle relaxant as a topical product. The MTUS Chronic Pain Guidelines states that NSAIDs' efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The clinical notes indicated that the injured worker's MRI revealed normal findings and that his pain has decreased. The injured worker should be instructed on performing home exercises. The request did not address the frequency. As such, the request is not medically necessary.

**Hydrocodone/APAP/Ondansetron (10/300/2mg) #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, page 75, Ongoing Management Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes indicated that the injured worker's MRI revealed normal findings and that his pain has decreased. The injured worker should be assessed for any aberrant drug taking behavior. The injured worker should be instructed on performing home exercises. The request did not address the frequency. As such, the request is not medically necessary.

**Topical Flector Patches:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines that NSAIDs' efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect

over another 2-week period. The request did not address the frequency, duration, or dosage. As such, the request is not medically necessary.