

<b>Case Number:</b>	CM14-0089343		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43 year old female with a reported date of injury on 11/30/2010. The mechanism of injury was a fall. The injured worker's diagnoses included myalgia and myositis, lumbar and cervical disc displacement, insomnia, shoulder region discomfort, upper arm joint pain, morbid obesity, myofascial pain syndrome of the neck and shoulders, and bilateral shoulder impingement syndrome. The past treatments included medications, trigger point injections, modified work, elbow support, heating pad, epidural steroid injection, knee braces and an unspecified number of visits to physical therapy and chiropractor. The injured worker's prior diagnostic testing included an EMG/NCV on 04/29/2011, an MRI of the bilateral knees, a cervical MRI, an MRI of the lumbar spine which was performed on 01/06/2011, and a five view x-ray of the lumbar spine. No pertinent surgical history was provided. The injured worker reported on 12/26/2013 that ibuprofen reduced her pain from 10/10 to 6/10 and Soma decreased her pain and muscle spasms from 10/10 to 7/10. On 02/17/2014 the injured worker was changed from Soma to Flexeril. On 03/19/2014 the injured worker was evaluated for left knee pain. Soma 350 mg and Norco 10/325 were prescribed. On 04/04/2014 the injured worker rated her lower back pain at 8/10. On 05/23/2014 the injured worker rated her neck pain at 7/10, low back pain at 9/10, bilateral shoulder and knee pain at 8/10, and left elbow pain at 7/10. She reported that Motrin improved her pain from 8-9/10 to 4/10. Soma was again prescribed at that visit. The injured worker's medications included ibuprofen 800 mg every 8 hours with food, soma 350 mg every 6 hours as needed for muscle spasms, Elavil 25 mg approximately 20 minutes before bedtime, Flexeril 10 mg every 12 hours with food as needed, Kera-Tec gel- 4oz apply a thin layer to affected area 2-3 times per day as directed by the physician, and Prilosec 20 mg 1-2 times per day, and a compounded cream of flurbiprofen/cyclobenzaprine/ menthol

(20%/10%/4%). The requests were for Kera-Tek Gel 4oz for cervical disc bulge and lumbar disc herniation and Flexeril 10mg #60 for the treatment of myofascial pain syndrome of the neck and shoulders. The request for authorization forms were submitted on 03/10/2014 and 05/12/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Kera-Tek Gel 4oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105,111-113.

**Decision rationale:** The request for Kera-Tek Gel 4 oz. #1 is not medically necessary. The injured worker is diagnosed with myofascial pain. Kera-Tek Gel is comprised of Menthol and Methyl Salicylate. The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state salicylate topicals are significantly better than placebo in chronic pain. The last neurologic exam provided for review indicated decreased sensation along the C5-8 nerve distributions. There is no evidence that the injured worker has undergone a trial and failure of antidepressants or anticonvulsants prior to the request for topical analgesics. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which the medication is to be applied in order to determine the necessity of the medication.

**Flexeril 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** The injured worker has been using either Soma or Flexeril since at least 12/26/2013. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker reported pain relief with ibuprofen. There is a lack of documentation indicating the injured worker has significant spasms upon physical examination. The last documented visit provided indicates that Soma was prescribed. The injured worker was previously prescribed Flexeril; the

requesting physician's rationale for discontinuing the medication is not indicated and there is a lack of documentation demonstrating the injured worker had significant objective functional improvement with the medication previously. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Flexeril 10mg #60 is not medically necessary.