

<b>Case Number:</b>	CM14-0096681		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, 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 57-year-old female who reported an injury on 07/17/2009 while walking on the grass at work she stepped in a hole and fell. Diagnoses were right lumbar facet pain, right piriformis syndrome. Past reported treatments were 24 sessions of cognitive behavioral therapy, 3 radiofrequency injections, 3 piriformis and trochanteric injections, and 2 medial branch neurotomies. Diagnostics were MRI and x-rays. Surgical history was L5-S1 pedicle screw fusion with inter-body cage, with fusion and bone grafting, gallbladder surgery, bunion surgery, and tonsillectomy. The injured worker had physical examination on 07/10/2014 with complaints of right hip and buttock pain. Examination of the lumbar spine revealed upon palpation minimal facet joint or axial tenderness, range of motion was improved with the ability to extend and rotation of the lumbar spine. Pelvis palpation revealed tenderness over the right sacroiliac joint, trochanter, and piriformis. Faber's test was positive on the right, distractions test positive; there was discomfort with flexion and internal rotation of the right hip. Medications were Cyclobenzaprine 10 mg 1 at bedtime, Cymbalta 30 mg, Flector 1.3% patch, Oxycodone 10 mg, and Tizanidine 4 mg. Treatment plan was to continue medications as prescribed. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retroactive Cyclobenzaprine Hydrochloride Tablets 10mg for date of service 05/22/2014:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 63.

**Decision rationale:** The request for retroactive Cyclobenzaprine Hydrochloride tablets 10 mg for date of service 05/22/2014 is not medically necessary. The California Medical Treatment Utilization Schedule states for Cyclobenzaprine (Flexeril) are recommended as an option, using a short course of therapy. The effect of Cyclobenzaprine is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is a muscle relaxant and is recommended 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 efficacy of this medication was not reported. There were no noted muscle spasms on examination. The request does not indicate the frequency of the medication or the quantity. Therefore, the request is not medically necessary.

**Retroactive Flector Patch 1.3% for date of service 05/22/2014:** 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: rxlist.com.

**Decision rationale:** The request for retroactive Flector patch 1.3% for date of service 05/22/2014 is not medically necessary. The California Medical Treatment Utilization Schedule states topical analgesics are recommended as an option. They are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDS, opioids, capsaicin, local anesthetics, and antidepressants). There is little to no research to support the use of many of these agents. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. This medication is not recommended to treat neuropathic pain. The Flector patch is a non-steroidal anti-inflammatory drug and it may cause an increased risk of serious cardiovascular thrombotic event, myocardial infarction, and stroke, which can be fatal. This risk may increase with duration of use. Also, NSAIDS can cause an increased risk of serious gastrointestinal events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. The efficacy of this

medication was not reported. The request submitted does not indicate a frequency or quantity for the medication. Therefore, the request is not medically necessary.

**Retroactive Zanaflex (Tizanidine) Capsules 4mg for date of service 05/22/2014:** 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 Relaxant Page(s): 63-64.

**Decision rationale:** The request for retrospective Zanaflex (Tizanidine) capsules 4 mg for date of service 05/22/2014 is not medically necessary. The California Medical Treatment Utilization Schedule states for muscle relaxants are to be used with caution and they are an option for a 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. Also, there is no additional benefit shown in combination with NSAIDS. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There were no noted muscle spasms on examination. The efficacy of this medication was not reported. The request does not indicate a frequency or quantity for the medication. Therefore, the request is not medically necessary.