

Case Number:	CM14-0190864		
Date Assigned:	11/24/2014	Date of Injury:	09/19/1996
Decision Date:	01/09/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine 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:

Pursuant to the progress report dated October 8, 2014, the injured worker complains of back pain and leg pain. The injured worker is participating in physical therapy, which is helping and provides 70% improvement in pain and function. The back pain is generalized, located on both sides of the lumbar region. The back pain is described as aching, cramping and spasmodic. Exacerbating factors include squatting, standing, and walking. Relieving factors include analgesics medications, and rest. Functional examination revealed bilateral lumbar spine tenderness and pain with range of motion. Straight leg raise test was negative bilaterally. Lower extremity examination was within normal limits. The injured worker has been diagnosed with degenerative disc disease (DDD), myofascial pain, lumbar DDD, sciatica, and low back pain. Current medications include Elavil 10mg, Flector patch 1.3%, Naprosyn, Flexeril 15mg, and topical compound creams. Documentation indicated that the injured worker has been taking Flexeril since at least April 23, 2014. The provider is requesting authorization for an unknown prescription for Flector, and Flexeril 10mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription for Flector: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Flector Patch (diclofenac epolamine)

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, unknown prescription Flector is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector (diclofenac topical patch) is indicated for acute strains, sprains and contusions. In addition, there is no data to substantiate Flector efficacy beyond two weeks. In this case, the injured worker suffers from chronic low back pain. Flector is indicated for the treatment of acute strains, strains and contusions. The injured worker was improving with physical therapy; however, Flector is not clinically indicated based on the documentation. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, unknown prescription Flector patch is not medically necessary.

Flexeril 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #30 with one refill is not medically necessary. 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. In most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs. In this case, the injured worker was taking Flexeril as far back as April 2014. This is in clear excess of the recommended guidelines (less than two weeks). There is no compelling documentation in the medical record to explain the protracted Flexeril use. The request for Flexeril 10 mg #30 with one refill is not medically necessary.