

<b>Case Number:</b>	CM14-0199554		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 67-year-old man with a date of injury of July 13, 2011. The mechanism of injury occurred when the IW fell while attempting to sit in a chair, catching his left arm and twisting it and hitting his neck and left shoulder. The injured worker's working diagnoses are rotator cuff sprain/strain; and chronic lumbosacral strain. Pursuant to the progress report dated October 1, 2014, the IW complains of constant, severe pain in his low back and left shoulder rated 10/10 in severity. His low back pain radiates to his left hip, right groin, and right knee. Objectively, gait is normal. The IW is wearing a brace for right knee support. He has been having difficulty dressing himself due to pain. Left shoulder flexion is 90 degrees, and abduction is 90 degrees. Otherwise, range of motion is full. There is decreased range of motion in the back. Straight leg raise test is negative. There is tenderness to palpation of the left shoulder and lumbar paraspinals. Documentation dating back to June of 2014 indicates the IW has been complaining of flare-ups, and pain rated 10/10. In June of 2014, the IW was taking Neurontin and Norco. Flector patch was prescribed on July 14, 2014 for similar pain complaints. It appears that Flexeril was first prescribed on October 1, 2014. The treating physician refilled the Flector patch and Neurontin. Norco was not listed in the progress note. There were no detailed pain assessments in the medical record. There was no evidence of objective functional improvement associated with the ongoing use of Flector patch. The treating physician did not provide a clinical indicated or rationale for starting Flexeril 10mg. The current request is for Flexeril 10mg #30, and Flector patch #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch Qty: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch #30 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 anticonvulsants have failed. Flector patch is indicated for acute strains, sprains and contusions. In this case, the injured worker's working diagnoses are rotator cuff sprain/strain; and chronic lumbosacral strain. Flector is indicated for acute strains, sprains and contusions. The date of injury was July 13, 2011. The injured worker is in the chronic phase of treatment. Flector patch was prescribed July 14, 2014. The injured worker continued with 10/10 pain on the VAS scale. There was no documentation of objective functional improvement with the analgesic patch. Consequently, absent clinical documentation to support the ongoing use of Flector patch with evidence of objective functional improvement during the chronic phase of treatment, Flector patch #30 is not medically necessary.

**Flexeril 10mg Qty:30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, and Antiepilepsy drugs (AEDs) Page(s):.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #30 is not medically necessary. Muscle relaxants are a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are rotator cuff sprain/strain; and chronic lumbosacral strain. The documentation indicates Flexeril 10 mg first described October 1, 2014. The present request is for Flexeril 10 mg #30 on October 28 of 2014. The documentation does not reflect objective functional improvement with Flexeril. Additionally, Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation in chronic low back pain. The documentation does not indicate any muscle spasm or clinical indication for its use.

Consequently, absent clinical documentation to support Flexeril use with objective functional improvement for continued use in contravention of the recommended guidelines, Flexeril 10 mg #30 is not medically necessary.