

<b>Case Number:</b>	CM14-0208169		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/04/2006
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 has date of injury of 2/6/05. Complaints include persistent low back pain with radiation to bilateral lower limbs. Physical examination is significant for lumbar paraspinal muscle spasms and impaired lumbar range of motion secondary to pain. Pharmacologic pain management includes Lidoderm, Flector, gabapentin, Norco and Lyrica. The patient reports a pain level of 7/10 with medication and 10/10 without. Request is been made for continuation of Flexeril No. 90, Norco No. 90, Flector No. 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Med Flexeril 10mg #90:** Upheld

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

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

**Decision rationale:** The injured worker is receiving pharmacologic pain management for chronic lumbosacral radiculopathy. Records indicate a several months treatment regimen of hydrocodone, Flexeril and Lidoderm; and a failed trial of gabapentin, Lyrica and Flector. Current pain scores are reported at 7-8/10 with medication. Physical examination continues to demonstrate evidence of lumbar paraspinal muscle spasms and impaired lumbar range of motion. MTUS guidelines recommends muscle relaxants for short-term use. Request as stated does not represent effective short-term use and is therefore not medically necessary.

**Flector Patch 1.3% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The injured worker is receiving pharmacologic pain management for chronic lumbosacral radiculopathy. Records indicate a several months treatment regimen of hydrocodone, Flexeril and Lidoderm; and a failed trial of gabapentin, Lyrica and Flector. Current pain scores are reported relatively high at 7-8/10 with medication. MTUS guidelines indicate that topical nonsteroidal anti-inflammatory medications have not shown efficacy for treatment of painful spinal disorders and is not recommended. The request for Flector patch is therefore not medically necessary.

**Norco 5mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The injured worker is receiving pharmacologic pain management for chronic lumbosacral radiculopathy. Records indicate several months treatment regimen of hydrocodone, Flexeril and Lidoderm; and a failed trial of gabapentin, Lyrica and Flector. Current pain scores are reported relatively high at 7-8/10 with medication. Physical examination continues to demonstrate evidence of lumbar paraspinal muscle spasms and impaired lumbar range of motion. Continuation of opioid analgesics is recommended if there has been a return to work or the patient has improved functioning and pain. Neither of these conditions have been demonstrated in the medical records. Therefore, request for Norco #90 is not medically necessary.