

Case Number:	CM15-0147387		
Date Assigned:	08/10/2015	Date of Injury:	12/06/2012
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/29/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 39 year old female, who sustained an industrial injury on 12-06-2012. Diagnoses include left ankle and left knee sprain and strain secondary to altered gait, lumbar spine sprain and strain secondary to altered gait, right great toe fracture and right ankle sprain secondary to fall due to right knee giving way. Treatment to date has included surgical intervention (right knee scope in 2013), as well as medications, home exercise and diagnostics. Per the Primary Treating Physician's Progress Report dated 6-17-2015, the injured worker reported low back pain and right knee pain. She reports difficulty walking and standing due to pain and spasms. Physical examination of the lumbar spine revealed tenderness to palpation with spasm with positive straight leg raise and Kemps test. Range of motion included flexion of 30 degrees and extension of 10 degrees. Right knee exam revealed tenderness to palpation of the parapatellar and popliteal regions. Flexion was 100 degrees and extension 0 degrees. The plan of care included medial branch block and medication management and authorization was requested for Fexmid 7.5mg #60, and Flector patch 1.3 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg one by mouth twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

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

Decision rationale: Ca MTUS Guidelines state that muscle relaxants may be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain patients, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy diminishes over time and prolonged use may lead to dependence. The proposed use is outside the acute setting. Continued use of muscle relaxants in a chronic setting is not medically necessary.

Flector patch 1.3, apply one patch twice a day, #60: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy in clinical trials of NSAIDs like Flector (Diclofenac) has been inconsistent. Topical NSAIDs have been shown to be superior to placebo in the first two weeks of treatment for osteoarthritis. Topical NSAIDs are recommended after failure or contraindication of oral NSAIDs. In this case, there is little evidence for the use of topical NSAIDs for osteoarthritis of the spine. There is no contraindication for oral NSAIDs in this patient. Usage for greater than two weeks is also not recommended. Therefore, the request is not medically necessary.