

Case Number:	CM15-0161537		
Date Assigned:	08/27/2015	Date of Injury:	10/10/2003
Decision Date:	09/30/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 is a 69-year-old female with an industrial injury dated 10-10-2003. The injured worker's diagnoses include lumbago status post-surgery, chronic pain, lumbosacral spondylosis and lumbosacral neuritis. Treatment consisted of magnetic resonance imaging (MRI) of the lumbar spine, prescribed medications, and periodic follow up visits. In a progress note dated 06-19-2015, the injured worker reported low back pain and right hip pain with radiation down the right leg to the mid-calf with occasional tingling in the right foot. Objective findings revealed some distress with pain, slightly belabored waddling gait, and decreased lumbar range of motion. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 01-05-2015, revealed right L4-5 and L5-S1 hemilaminotomy. In a more recent progress report dated 06-29-2015, the injured worker pain remained unchanged. The injured worker rated pain a 6 to 7 out of 10. Physical exam revealed antalgic gait, limited range of motion of the right hip, tenderness to palpitation of the sacroiliac (SI) joint, gluteus and right greater trochanter; decreased lumbar range of motion; moderate tenderness throughout the lumbosacral spine and paraspinal with paralumbar muscle spasms mainly on the right; and point tenderness of the sacroiliac (SI) joint and gluteal area reproducing pain in the low back on the right. The treating physician prescribed Flexeril 10mg #60 with 2 refills and Flector 1.3% patch #60 with 3 refills, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The current request is for Flexeril 10mg #60 with 2 refills Flexeril 10mg #60 with 2 refills. Treatment consisted of magnetic resonance imaging (MRI) of the lumbar spine, physical therapy, prescribed medications, and periodic follow up visits. Work status is modified duty and TTD if not accommodated. MTUS pages 63-66 and Muscle relaxants section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per report 06/29/15, the patient presents with low back pain, knee and right hip pain with radiation down the right leg to the mid-calf with occasional tingling in the right foot. Physical examination revealed antalgic gait, limited ROM of the right hip and l-spine, tenderness to palpitation of the sacroiliac (SI) joint, gluteus and right greater trochanter. The patient states that current medication "afford less than 50% decrease in symptoms and only temporary." This appears to be an initial request for Flexeril, as prior reports do not discuss this medication. The patient is seen every 3 months; therefore, 3 months' supply of certain medications would be indicated. In this case, MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. This request is not medically necessary.

Flector 1.3% patch #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Flector patch (diclofenac epolamine) (2015).

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

Decision rationale: The current request is for Flector 1.3% patch #60 with 3 refills. Treatment consisted of magnetic resonance imaging (MRI) of the lumbar spine, physical therapy, prescribed medications, and periodic follow up visits. Work status is modified duty and TTD if not accommodated. MTUS Guidelines, Topical Analgesics section, pg. 111-113, under Non-steroidal anti-inflammatory agents (NSAIDs) states: "The efficacy in clinical trials for this

treatment modality has been inconsistent and most studies are small and of short duration." The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Per report 06/29/15, the patient presents with low back pain, knee and right hip pain with radiation down the right leg to the mid-calf with occasional tingling in the right foot. Physical examination revealed antalgic gait, limited ROM of the right hip and l-spine, tenderness to palpitation of the sacroiliac (SI) joint, gluteus and right greater trochanter. The patient states that current medication "afford less than 50% decrease in symptoms and only temporary." This is a request for refill of Flector patches. Although the treater states that medication provided temporary decrease in symptoms, there is no discussion as to why and how these patches are to be applied. The patient has chronic knee pain, but also suffers from low back and hip pain and MTUS specifically states that there is little evidence to utilize topical NSAIDs for osteoarthritis of the spine, hip, or shoulder. These topical patches are specifically for peripheral joint complaints. Given the lack of discussion on where these patches are being applied, recommendation for further use cannot be supported. This request is not medically necessary.