

<b>Case Number:</b>	CM15-0187783		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	01/15/2002
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 70 year old woman sustained an industrial injury on 1-15-2002. Diagnoses include cervical radiculitis, thoracic neuritis, degeneration of intervertebral lumbosacral sic, and displacement of lumbar intervertebral disc without myelopathy. Treatment has included oral and topical medications and spinal cord stimulator. Physician notes dated 9-4-2015 show complaints of low back pain with radiation to the bilateral hips, knees, and ankles as well as pain at the spinal cord stimulator site. The physical examination shows an antalgic gait favoring the right side. No detail of the range of motion, pain rating scale, sensory examination, reflexes, or strength is noted. Recommendations include physical therapy, Flector patches, Zanaflex, and follow up in three months. Utilization Review denied requests for Flector patches and Zanaflex on 9-17-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector transdermal 1.3% patches Qty 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The MTUS lists diclofenac sodium gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. The provided documents do not provide strong objective evidence of functional improvement. Continued use of topical diclofenac should be monitored closely as topical treatment can result in blood concentrations and systemic effects comparable to oral forms, and without substantial reason for continued treatment (functional improvement) the request cannot be considered medically necessary.

**Zanaflex 2 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication and a request for continued and chronic treatment, the request cannot be considered medically necessary and appropriate.