

<b>Case Number:</b>	CM15-0189370		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Emergency 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 is a 54 year old male who sustained an industrial injury on 11-28-2012. A review of the medical records indicated that the injured worker is undergoing treatment for lower back chronic pain syndrome, lumbar facet arthropathy and myalgia. According to the treating physician's progress report on 08-27-2015, the injured worker continues to experience low back pain rated as 7 out of 10 with medications and 8 out of 10 without medications. Examination demonstrated tenderness at the lumbar spine, lumbar paraspinal muscles and facets at L4-S1 with positive facet loading maneuvers. Range of motion was difficult due to pain. Prior treatments have included diagnostic testing, facet blocks with no significant relief, lumbar epidural steroid injection, physical therapy, swimming, transcutaneous electrical nerve stimulation (TEN's) unit, home exercise program and medications. Current medications were listed as Norco, Linzess, Norflex (changed from Flexeril to Norflex in 04-2015) and Flector patch (at least 6 months usage). Urine drug screening dated 03-05-2015 and 04-02-2105 were inconsistent for prescribed medications at that time. Treatment plan included orthopedic surgical consultation, continuing home exercise program and the current request for Flector patch 1.3%mcg #30 and Norflex 100mg #90. On 09-05-2015, the Utilization Review determined the request for Flector patch 1.3%mcg #30 and Norflex 100mg #90 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3%mcg #30:** 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): Topical Analgesics.

**Decision rationale:** The requested Flector patch 1.3%mcg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has low back pain rated as 7 out of 10 with medications and 8 out of 10 without medications. Examination demonstrated tenderness at the lumbar spine, lumbar paraspinal muscles and facets at L4-S1 with positive facet loading maneuvers. Range of motion was difficult due to pain. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flector patch 1.3%mcg #30 is not medically necessary.

**Norflex 100mg #90:** 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 requested Norflex 100mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain rated as 7 out of 10 with medications and 8 out of 10 without medications. Examination demonstrated tenderness at the lumbar spine, lumbar paraspinal muscles and facets at L4-S1 with positive facet loading maneuvers. Range of motion was difficult due to pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Norflex 100mg #90 is not medically necessary.