

<b>Case Number:</b>	CM15-0224612		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	04/10/2002
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 50 year old female, who sustained an industrial injury on 4-10-02. The injured worker is diagnosed with cervical spondylosis and right shoulder muscle contraction. Her work status is full duty and disability status is permanent and stationary. Notes dated 7-14-15 and 10-5-15 reveals the injured worker presented with complaints of increased pain and tightness in the back of her right shoulder and radiates to her neck and shoulder. She reports constant right neck, and upper arm pain. Her pain is increased with repetitive activity. She reports sleep disturbance due to the pain. A physical examination dated 10-5-15 revealed limited right shoulder abduction at 165 degrees and internal rotation at 75 degrees. The cervical spine reveals tenderness on the right at the rhomboid and trapezius muscles, hypertonicity, trigger point on deep palpation and palpable tight muscle bands. Treatment to date has included massage therapy (self-pay) helps and stretching per note dated 10-5-15; medications Robaxin (7-2011) and Flector patch (10-2015) relieves her aching pain, which reduces her pain from 8 to 4 out of 10; physical therapy and acupuncture was beneficial per note dated 10-5-15. Diagnostic studies include cervical spine MRI and upper extremity electrodiagnostic studies. A request for authorization dated 10-20-15 for Flector patch 1.3% #60 with 3 refills and Robaxin 500 mg #30 is non-certified, per Utilization Review letter dated 10-26-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch Qty 60 with 3 refills: 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 (Chronic) - Flector patch (diclofenac epolamine).

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

**Decision rationale:** This 50 year old female has complained of neck pain and right shoulder pain since date of injury. She has been treated with physical therapy and medications. The current request is for Flector patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flector patch is not medically necessary.

**Robaxin 500 mg Qty 30: Upheld**

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

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

**Decision rationale:** This 50 year old female has complained of neck pain and right shoulder pain since date of injury. She has been treated with physical therapy and medications to include Robaxin since at least 07/2011. The current request is for Robaxin. Per the MTUS guideline cited above, Robaxin, a muscle relaxant, is not recommended, and if used, should be used only on a short-term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Robaxin is not medically necessary.