

<b>Case Number:</b>	CM15-0087476		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: North Carolina, Georgia  
 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 43-year-old female, who sustained an industrial injury on 7/18/11. The injured worker was diagnosed as having internal derangement of right shoulder, mechanical low back pain and derangement of right knee. Treatment to date has included medications including Ibuprofen, Flector patch and Tizanidine, physical therapy, activity restrictions, cortisone injections to right shoulder and activity restrictions. (MRI) magnetic resonance imaging of right shoulder performed on 4/22/14 revealed a tear of superior anterior glenoid labrum. Currently, the injured worker complains of continued right shoulder pain. Physical exam noted AC joint mildly tender with full range of motion, medial right knee tenderness and tenderness of lumbar spine. A request for authorization was submitted for Ibuprofen, Flector patch and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg tid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68,72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

**Decision rationale:** CA MTUS guideline is clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for ibuprofen 800 mg tid does not meet the criteria of providing lowest dose of NSAID for the shortest time possible, as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of ibuprofen. Ibuprofen 800 mg tid is not medically necessary.

**Flector Patch qd:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Flector Patch.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and anti-epileptics have failed. Flector patch is indicated for use in acute strains, sprains and bruises and is not indicated for ongoing use in chronic conditions such as those described in the claimant's medical record. Flector patch IS not medically indicated.

**Tizanidine 2mg bld:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain) Page(s): 63, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of tizanidine. This is not medically necessary and the original UR decision is upheld.