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| <b>Case Number:</b>   | CM15-0088182 |                              |            |
| <b>Date Assigned:</b> | 05/12/2015   | <b>Date of Injury:</b>       | 04/15/2013 |
| <b>Decision Date:</b> | 06/23/2015   | <b>UR Denial Date:</b>       | 04/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/07/2015 |

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 4/15/2013. He reported falling and injuring his right leg. Diagnoses have included tear of meniscus of knee, osteoarthritis of ankle and chronic pain. Treatment to date has included physical therapy, right knee surgery and medication. According to the progress report dated 4/15/2015, the injured worker complained of chronic right leg pain. The injured worker had an antalgic gait, favoring the right. Joint tenderness was noted of the medial/lateral joint line right knee and right lateral malleolus. Work status was modified duty with standing and ambulation tolerance of 15 minutes. The treatment plan included a right knee off-loading brace. Authorization was requested for Flector patches and Cyclobenzaprine. Other medications listed are naproxen and ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiac and gastrointestinal complications. The adverse complications are significantly increased with the utilization of multiple NSAIDs medications. The use of topical NSAIDs is associated with the development of tolerance and decreased efficacy. The records indicate that the patient is utilizing multiple NSAIDs medications concurrently. The criteria for the use of Flector patch was not met. The request is not medically necessary.

**Cyclobenzaprine 10mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short the treatment of exacerbation of musculoskeletal pain when standard have failed. The chronic use of muscle relaxants can lead to the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient had utilized cyclobenzaprine longer than the guidelines recommended maximum period of 4 weeks. There is no documentation of failure of standard NSAIDs and PT. The criteria for the use of cyclobenzaprine was not met. The request is not medically necessary.