

<b>Case Number:</b>	CM15-0089643		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: New York, West Virginia, Pennsylvania  
 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 64 year old female, who sustained an industrial injury on 3/8/2011. She reported a trip and fall. The injured worker was diagnosed as having lumbago, lumbar spondylosis, lumbar radiculopathy, limb pain and sacro. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, injections and medication management. In a progress note dated 4/8/2015, the injured worker complains of jabbing, burning pain in the lower back and left knee/leg pain. The treating physician is requesting Flector 1.3% patches #15 and Zanaflex 4 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patches #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary Online Version last updated 04/06/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** Guidelines state that Flector patches are largely experimental and not recommended as a first line treatment. It may be recommended for osteoarthritis after failure of an oral NSAID or contraindication to oral NSAIDs. In this case, there is no documentation of failure of first line treatment of oral NSAID and no indication of functional gain with medication use. The request for Flector Patch 1.3 % #15 is not medically appropriate and necessary.

**Zanaflex 4mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary last updated 04/06/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**Decision rationale:** Guidelines recommend muscle relaxants as caution as a second line option for short term treatment of low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no evidence of objective functional gains with the use of this medication and guidelines do not recommend use for longer than 2 weeks. Prior records indicate that other muscle relaxants were tapered. The request for Zanaflex 4 mg #30 is not medically appropriate and necessary.